

*Gene Stock*  
**State Well Report**

Part 1

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

Q-137

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: Q-137  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

WASHINGTON

# 41240

By: JOHN NEWCOME 0773

Date drilling completed: 6-23-06

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>GRACE WOOD FARM</u>	Latitude: <u>33.07.16"</u> Longitude: <u>090.45.25"</u>
Mailing Address: <u>1371 MURPHY RD.</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>HOLLANDALE MS 38748</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE</u> <u>1/4</u> <u>SW</u> <u>1/4</u> Sec <u>30</u> Twn <u>15N</u> Rng <u>5W</u>
Telephone No. <u>662-820-6168</u>	Distance <u>4.4</u> Miles Direction <u>EAST</u> Nearest Town <u>Hollandale MS</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: AUG - 1 2006

Date well drilling started: 6-23-06 Date well drilling completed: 6-23-06 JOINT WATER MANAGEMENT DISTRICT

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 26 feet above of below (circle one) land surface Date measured: 6-23-06

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 123 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 80 feet to 120 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JOHN NEWCOME 0-773

Print Name of Water Well Contractor and License No.

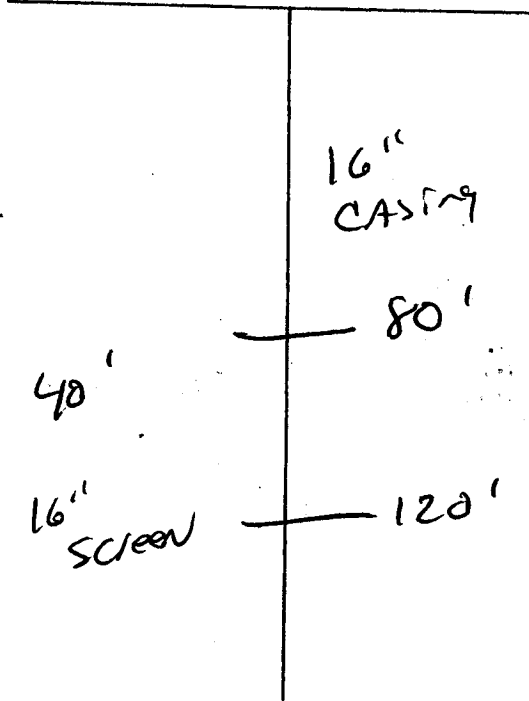
*[Signature]*

Signature of Water Well Contractor

41240

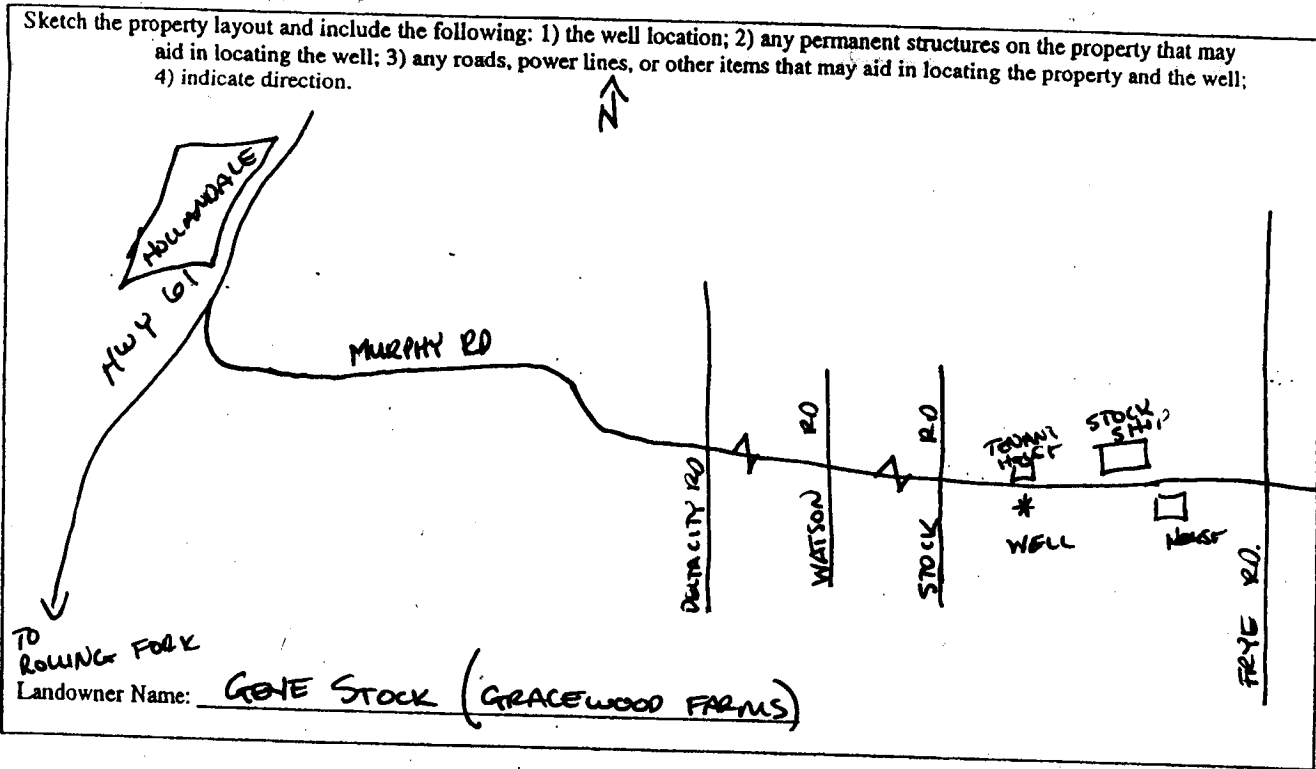
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Top Soil	0	10
Mix Clay	10	28
Fine Sand	28	80
Coarse Sand	80	123
gravel		

If more than one screen, show location of each on sketch



*Gene Stock*  
 Signature of Water Well Contractor

# STATE WELL REPORT

## Part 2

Pump Installer's Completion Report  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: Q-137

Elevation: \_\_\_\_\_

County: WASHINGTON  
 Permit #: QW 41240  
 Driller: JOHN NEWCOMB 0-773  
 Date completed: 6/23/06

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information		Well Location	
Owner Name: <u>GRACEWOOD FARM</u>	Latitude: <u>33-07-16</u>	Longitude: <u>09-45-25</u>	
Mailing Address: <u>10 GENE STOCK</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS		
<u>1371 MURPHY RD.</u>	USGS quad: <u>SW 1/4 NW 1/4 Sec 30 Twn 15N Rng 5W</u>		
<u>HOLLANDALE, MS. 38748</u>	Distance: <u>4.4</u> Miles	Direction: <u>EAST</u>	Nearest Town: <u>HOLLANDALE, MS.</u>
City: _____ State: _____ Zip Code: _____			
Telephone No: <u>662-820-6168</u>			

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	Submersible	<del>Disc Engine</del>	Gasoline Engine	Natural Gas
Bucket	Piston	<u>Turbine</u>	Electric Motor	Hand	<u>Tractor PTO</u>
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>60</u>		
Date Pump Installed: <u>6/25/06</u>			Setting Depth: <u>60</u> feet		
Rated Pump Capacity: <u>2000</u> Gallons Per Minute			Number of Stages: <u>1-8 + gen 14</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: _____	Static Water Level (A): _____ Feet Below Land Surface	Air Line	Electric Measuring Line
Pumping Water Level (B): <u>NOT TEST</u> Feet Below Land Surface	Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Other (specify): _____	
Test Pumping Rate: _____ Gallons Per Minute	Duration of Pump Test (minimum 4 hours): _____ hours	For flowing well, measured shut in head: _____ feet	
		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

GLEN ROWE #7109  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

RECEIVED  
 JUL 31 2006  
 BY: OLWR