

GRACEWOOD # 1  
FRYE ROAD

### 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: Q-146  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: WASHINGTON  
Permit #: 6042402  
Driller: J. NEWLOME 0-773  
Date drilling completed: 3-20-08

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 FARMS</u>   | Latitude: <u>33.07.33</u> " Longitude: <u>90.44.28</u> "   |
| Mailing Address: <u>40 GENE STOCK</u><br><u>1371 MURPHY RD.</u><br><u>HOLLANDALE, MS. 38748</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad <u>(Hand-held GPS)</u> Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____  | <u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>20</u> Twn <u>15N</u> Rng <u>5W</u>                                     |
| Telephone No. <u>662-820-6168</u>   | Distance <u>8</u> Miles Direction <u>SE</u> of Nearest Town <u>HOLLANDALE</u>                              |

#### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 3-20-08 Date well drilling completed: 3-20-08

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

Static Water Level: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 111 Well depth: 110 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: P.V.C.

Screen length: 30 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 80 feet to 110 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 NEWLOME 0-773

Print Name of Water Well Contractor and License No.

[Signature]

Signature of Water Well Contractor

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APR 10 2008

BY: OLWR



# 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-146  
Elevation: \_\_\_\_\_

County: WASHINGTON  
Permit #: GW 42402  
Driller: J. NEWCOMB O-7TB  
Date completed: 3-20-08

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 FARMS</u>   | Latitude: <u>33-07-33</u> Longitude: <u>090-44-28</u>   |
| Mailing Address: <u>1/0 GENE STOCK</u><br><u>1371 MURPHY RD</u><br><u>HOLLANDALE, MS 38748</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____   | <u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>20</u> Twn <u>15N</u> Rng <u>5W</u>                                  |
| Telephone No: <u>662-8206168</u>   | Distance: <u>8</u> Miles Direction: <u>SE</u> of Nearest Town: <u>HOLLANDALE</u>                        |

| Pump Type<br>Circle one  | Power Type<br>Circle one   |
|--|--|
| Air Lift: Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>         |
| Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>               | <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>     | Windmill <input type="checkbox"/> Other (specify): _____   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>50</u>   |
| Date Pump Installed: <u>3-21-08</u>  | Setting Depth: <u>70</u> feet  |
| Rated Pump Capacity: <u>1500</u> Gallons Per Minute                                    | Number of Stages: <u>1-Stage 10"</u>   |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one  |
|--|--|
| Date Well Tested: _____  | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>NO TEST</u> Feet Below Land Surface | Other (specify): _____   |
| Pumping Water Level (B): _____ Feet Below Land Surface         | For flowing well, measured shut in head: _____ feet  |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface            | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping                                      |
| Test Pumping Rate: _____ Gallons Per Minute                    |  |
| Duration of Pump Test (minimum 4 hours): _____ hours           |  |

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

GLEN ROWS - 710-P  
Print Name of Pump Installer and License No. (if applicable)

Glen Rows  
Signature of Pump Installer

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APR 10 2008  
BY: OLWR