ř	HWYCK #	2	•	
•	State W	ell Report		
County: SHARKEY	Part 1		For Office Use Only:	
Permit #: 6w42152		t of Environmental Quality	Aquifer:	
Driller: J. NEWCOME		nd Water Resources	Well #: A - 143	
	Tackson M	IS 39289-0631	L. S. Elevation:	
Date drilling completed: 9-11-07	_ (601)! (601)354	961-5210 4-6938 (fax)	E-log #:	
		4-0950 (lux)	2.08	
State Law requires that this r		driller in detail and filed v	vith the Department within	
30 days of completion of drilli		Wel	ll Location	
,			B. Longitude. 090. 48 . 760.	
Owner Name GayLow L		Latitude: 55 ° 01	Longitude: 10 100	
Mailing Address: Po Box	5669	Method of Lat/Long (circle o	ne): Conventional Survey,	
	·	USGS quad Hand-hele	d GP3, Survey-grade GPS	
CD55.21111	1 m 38704	NW 4 SE 14 Sec 33 Twn 14N Rng COW		
City	5, Ms. 38704 State Zip Code	İ		
Telephone No. 862 -820 -	8684	Distance Direction 3 Miles N	Nearest Town of ANQUILLA	
Totopholio Trois				
	Well	Data		
Purpose of Well (circle one) Home	Industrial Public Supply	Irrigation Fish Culture	Other:	
Date well drilling started: 4-11-	Date	well drilling completed:	-11-07	
			İ	
If flowing, method of flow regulation:	Valve Other (describe)		
Static Water Level:fe	et above or below (circle one)	land surface Date measured	•	
Method of Measurement (circle one)	steel tape electric tape	air line other:		
Hole depth:				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: TD feet Casing diameter: 16 inches Type of casing: P. VBY: 01.10				
Screen length: 4D feet Screen diameter: 14 inches Type of screen: P.J.C. WA				
Screen slot size: .050 inches Setting depth: From 70 feet to 40 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 se	creen, describe on back of page	
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				

Signature of Water Well Contractor

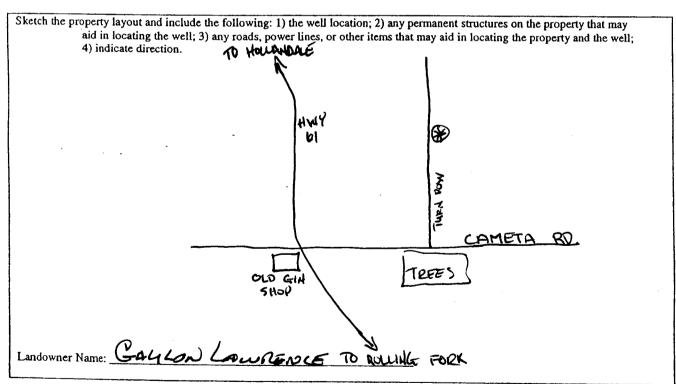
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Print Name of Water Well Contractor and License No.

Ground Level	
	70' 16' CASING
	-70'
	40' 16" scores
	-113 BORDM

Description of Formations Encountered	From	То_
TOP	0	10
MA CLAY	10	30
FINE SAND	30	40
FAIR GOOD SAND	40	58
FINE SAND	58	105
55 FAIR SAND	65	70
GOOD SAND PEA GRAVEL	70	110
TAIL HOLE	110	113
	 	
	 	

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



Signature of Water Well Contractor

Permit #GLO 42152 Driller J. NEW Come Date completed: 9/1/107

DIALE WELL REPURI

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 Offic	e Use Only:
Aquifer:	***
Well#: A	-143
Elevation:	

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: CAYLON LAWRENCE	Latitude: 33-01-158 Longitude: 090-48-740
Mailing Address: Po Pox 5669	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad. Hand-heid GPS, Survey-grade GPS
GREENSUIUE, NS. 38704	NW 1/4 SE 1/4 Sec 33 Twn 14N Rng 6 W
State Zip Code	Distance Direction Nearest Town
Telephone Nale2 - 820-8686	1104001 10111
Telebhouse Merch — 850 — 86.5	3 Miles N of ANDWILA
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor:
Date Pump Installed: 9//3/07	Setting Depth: 6eet Street
Rated Pump Capacity: Gallons Per Minute	Number of Stages:
Pump Test Data	Method of Measuring Water Level
Date Well Tested:	Circle one
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
	Other (specify):
Pumping Water Level (B): Feet Below Land Surface	
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping
I HEREBY CERTIFY that the above statements are true to the best	
(V) = A) A DOVE STATEMENTS are true to the best	t of my knowledge.
Print Name of Days I at 110 -4	Ster one
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer