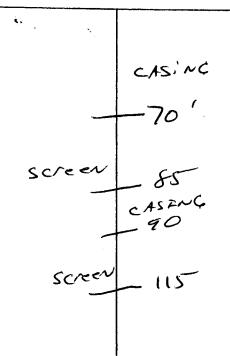
	WAIKER #2	•	
ب. ب		st off Gravel	
<u>_</u>		ell Report	
County: SHARKEY	P	art 1	For Office Use Only:
Permit #: 600 43058	Office of Land a	t of Environmental Quality nd Water Resources	Aquifer:
Driller J. HEWLOME 0.773		lox 10631 IS 39289-0631	L. S. Elevation:
Date drilling completed: 2-24-09		961-5210	
	(601)354	4-6938 (fax)	E-log #:
State Law requires that this rep 30 days of completion of drillin	port be prepared by the g of the well.		
Well Owner Inform			ll Location
Owner Name Reality Fe		Latitude: 33 . 04 . 47	
Mailing Address: PO Box 7	13	Method of Lat/Long (circle o	
			d GPS, Survey-grade GPS
Stoneuille, 1 city	MS 38716 tate Zip Code	NE 1/ SW 1/4 Sec_ 11	Twn 14N Rng TW
Telephone No. (Lo2) 802 - O	-	Distance Direction	of PANTHER BURN
	Well	Data	
Purpose of Well (circle one) Home	ndustrial Public Supply	Irrigation) Fish Culture	Other:
Date well drilling started: $2-2$			24-09
If flowing, method of flow regulation: N	/alve Other (	(describe)	······
Static Water Level:feet	above or below (circle one)	land surface Date measured	1:
Method of Measurement (circle one)	-		·
Hole depth: 118 Well	$\sim$		Ffeet
Type of grout (circle one): Cement	Bentonite Mix		•
Casing length: 75 feet Ca	/	inches Type of casing:	
Screen length: <u>40</u> feet S		inches Type of screen:	1
Screen slot size: , 050 inche	es Setting depth: From	70-85 feet to	<u>10 - 115</u> feet
Type of completion (circle all applicabl			
	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	nua Electric Gamma Ra	ay Density Sonic Neutron	Other:
Name of organization running log(s):			
I certify that the well was drilled, cor			
Department of Environmental Qualit	ty and/or the Mississippi D	epartment of Health regulation	ons and state laws.
JOHN NEWCOME O	56	Jol	luca_e
Print Name of Water Well Contractor a	and License No.	Signatur	e of Water Well Contactor, EIVEL
			MAR 1.6 2009
			BY: OLWR
	•		

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If well telescopes please sketch below and show depths.

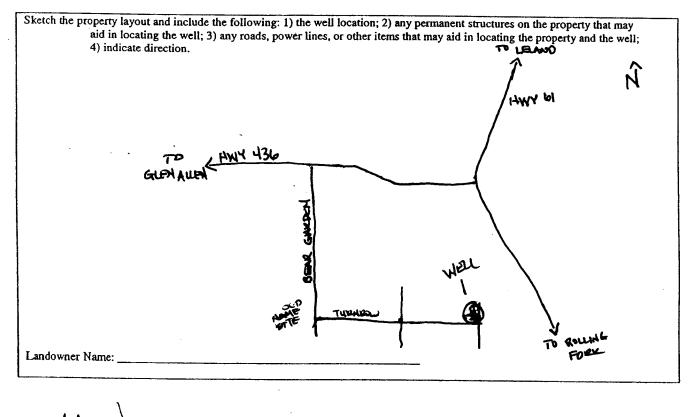
## Ground Level



Description of Formations Encountered	From	To	
Top Soil	0	,0	
Mix CLAY	10	40	
Fine Sand	40	70	
COArse Sand	70	PS	$\vdash$
Fire Sand	85	90	
COAlse Sand	90	715	
Fire Sand	115	11	P
· · · · · · · · · · · · · · · · · · ·			

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

Signature of Water Well Contractor



	STATE WELL REPORT	÷
Driller: <u>)</u> , <u>NEWCOME</u>	Part 2 Pump Installer's Completion Report dississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631	For Office Use Only: Aquifer: Well #: <u>A-162</u>
Date completed: 2-24-04	(601)961-5210 (601)354-6938 (fax)	Elevation:
installation of pump.	ump installer in detail and filed with the Departr	
Well Owner Information		Vell Location
Mailing Address: PO BOX 27	2	one): Conventional Survey,
	USGS quad. H	and-held GPS Survey-grade GPS
Stoneu The MS City State	<u>S 3871</u> 6 <u>NE 14 SW</u> 14 Sec_	11_Twn 1410 Rng 7W
Tolorban V. (C) - 870 - 0	301 Distance Direction	
Telephone No. (60) - 8 10 - 0	<u>SOT</u> <u>I.S</u> Miles <u>NW</u>	of Panther Bu
Pump Type Circle one		Power Type Circle one
Air Lift Jet St	ubmersible Diesel Engine Gase	oline Engine Natural Gas
Bucket Piston (Tu	Electric Motor Har	nd Tractor PTO
Centrifugal Rotary F	lowing Well Windmill Oth	er (specify):
Other (specify):	B	tor:
Date Pump Installed: 2-24-09		
Rated Pump Capacity: 2800 Ga	llons Per Minute Number of Stages:	
Pump Test Data	Method of	Measuring Water Level Circle one
Date Well Tested:	Air Line Electric M	Measuring Line Steel Tape
NOT		
Toda		d shut in head:feet
Test Pumping Rate:Ga		GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):	hoursfeet after	erhours of pumping
Y Y TO DO LA COMPANY		
I HEREBY CERTIFY that the above statement Comp Rowe 0- Print Name of Pump Installer and License No.	MP ()	Directaller
	Compression of Full	MAR 1 6 20
		BY: OLV

1. 2