## REALITY FARMS

. 0	State W	en Keport	F 000 11 0 1	
County: bolastington	Part 1 – Driller's Log		For Office Use Only:	
		nt of Environmental Quality	Aquifer:	
Permit #: 6W-45189-		nd Water Resources	Well #: A 202	
Driller: J. NEWCOME 0.773	P.O. Box 2309		Well#:	
	Jackson, MS 39225 (601)961- 5210		L. S. Elevation:	
Date drilling completed: 11.11.11		1- 5228 (fax)		
			E-log #:	
State Law requires that this report  Department at the above address to				
Information on Well O			rehole Location	
(Landowner if borehole is not for	r a water well) 23 $0 \le 12$		" Longitude: 90 • 52 • 03 "	
Owner Name Panther Burn Land	Conpany Latitude: 37°03, 20			
		Method of Lat/Long (circle on	e): Conventional Survey,	
Mailing Address: PO Box 27	5	USCS and Hand hald	CDC Survey and CDC	
			GPS, Survey-grade GPS	
71 111 4		3W 1/2 NE 1/2 Sec 01.	/ Twn 14/V Rng 07W	
Stoneville M	5 38776		,	
City State	e Zip Code	Distance Direction 5.5 Miles 5.	Nearest Town	
Telephone No. ()		Miles	or <b>HOLLHWING</b>	
A CASPAIGNE TAGE				
	Well / Bore	hole Data		
Date drilling started: 11.11.2011 Date drill			24"	
Date drilling started: 11.11.20   Date dril	ling completed: 11.11.20	Hole depth:	Hole diameter: 21	
Location of the source of any surface water	used for drilling: DITC	<u> </u>		
Method of dosing and volume of Chlorine	used in drilling and devel	opment: CHUCINE TAI	suers	
Logs run (circle all applicable): No log run Name of organization running log(s):	Electric Gamma Ray	Density Sonic Neutron	Other:	
Purpose of borehole (check one): Water We	ell Ceotechnical/Geole	ogical Investigation Ground	Source Heat Pump	
	urveyOther (describe)		TT-102701-70-	
If drilling is not related t	to water well construction	n, skip the remainder of this blo	ck	
Purpose of Well (check one): Home Inc	dustrial Public Supply	Irrigation X Fish Culture _	Other:	
If a flowing well, 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:				
Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonit Mix				
Casing length:feet Casing	g diameter:	oinches Type of casing:	F.V.C.	
Screen length: 40 feet Screen	n diameter:	inches Type of screen:	P.V.C.	
Screen slot size: .050 inches	Setting depth: From	70 feet to \\\	[feet	
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Open l	nole Natural Development	
	Other (describe):			
Top of lap pipe or reduction in casing:	feet. <i>If tel</i>	escoped or more than one scree	n, describe on next page	
			Form: OLWR-SWR-1A (04/08)	

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BY: OLWR

The sketch below only required for water wells	Description of formations encountered	must be provided	for all
If well telescopes, show depths on sketch.	wells and boreholes, unless specifically	exempted by regu	lations
Ground Level	Description of Formations Encountered	From (depth)	o (depth)
	TOP 501C	Ground Level	10
17	CLAY	10	32
	FINE SAND CUAT STRUB	12	-70
	MOD / COMPET CITY	100	10
	CONESE SAND PERBUSC	<del>-78</del>	75
1100	BOTTOM	1 42	117
10 CE			
U CADING			
↓			
17/11/15			
11704			
16" SCEWEN			
4 10 3000			
			<del></del>
If we are the contract of an about the contract of an about the			
If more than one screen, show location of each on sketch			
SEE	MAP		
Landowner Name:  I certify that the well/borehole was drilled, constructed, and c	Forn	n: OLWR-SWR-1 <i>A</i> requirements of (	
Mississippi Department of Environmental Quality and the M	ississippi Department of Health regulations	, if applicable, an	d state
laws.	, (		
JOHN NEWCOME 0:773 11:11	·2011 ad 1/0-	exce	
	Date Signature of Licen	500	-

County: Washington	ELL REPORT	For Office Use Only:	
	s Completion Report nt of Environmental Quality	Aquifer:	
Driller: T. Newcome, 0-773 Office of Land		Well #: A 20 2 Elevation:	
Date completed: 11-11 Jackso	n, MS 39225		
	)961-5210 61-5228 (fax)		
This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department			
Well Owner Information	Well Location		
Owner Name: Parther Burn Land Company	Latitude: 33 05 28 Lo	ngitude: <u>90 52 03</u>	
Mailing Address: P.O. Box 273	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad(Hand-held GPS	S, Survey-grade GPS	
Stoneville MS 38776 City State Zip Code	SW 1/2 NE 1/4 Sec 01	T14N R D7W	
Telephone No. ()	Distance Direction 55 Miles 5 of	Nearest Town Hollandale	
<b>D</b>	P	Т	
Pump Type Circle one Air Lift Jet Submersible	Power Circle Diesel Engine Gasoline E	e one	
Bucket Piston Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (spec	cify):	
Other (specify):	Horse Power Rating of Motor:	60	
Date Pump Installed: 3/28/12	Setting Depth: 70		
Rated Pump Capacity: Gallons Per Minute	Number of Stages:		
Pump Test Data	Method of Measur	ring Water Level	
Date Well Tested:	Circle	one	
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuri		
Pumping Water Level (B):Feet Below Land Surface	Other (specify):		
Orawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in	n head:feet	
Test Pumping Rate:Gallons Per Minute	Well yieldedG	PM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet after	hours of pumping	
This is for (circle one): New Well Replacement of Ex	sting Pump Repair of Existi	RECEI	
AND DOM OF DOMEN A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of my knowledge	MAY 2 3	
HEREBY CERTIFY that the above statements are true to the best	or my knowledge.	₩ PV. O	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Instal	ler	

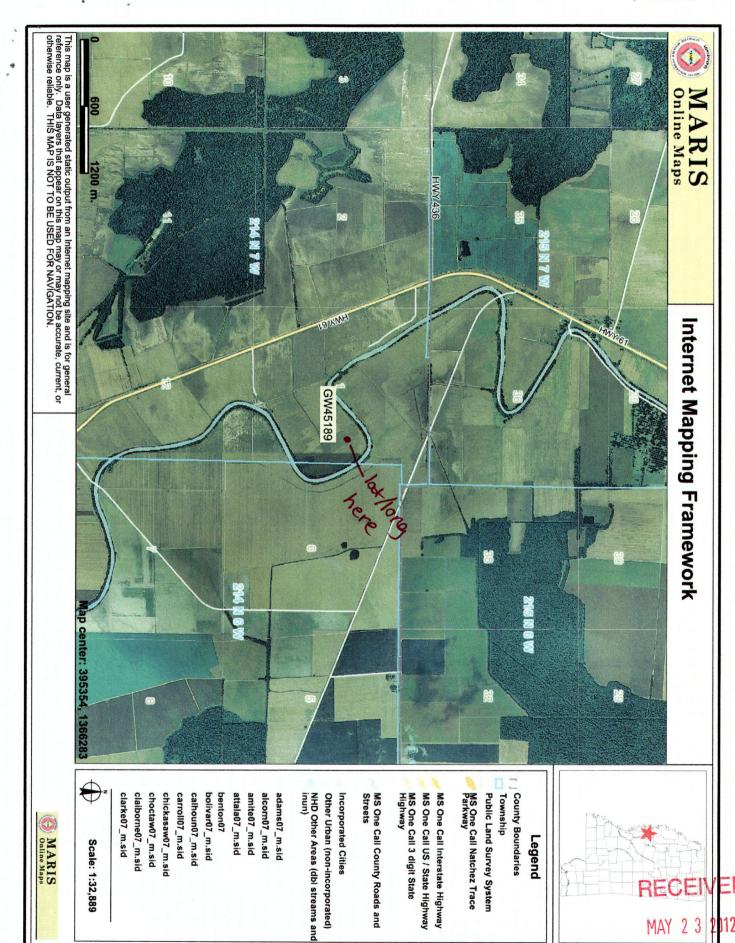
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

Note-pump not installed until end of Mouran Dur

to wet weather—sory log is so late—



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