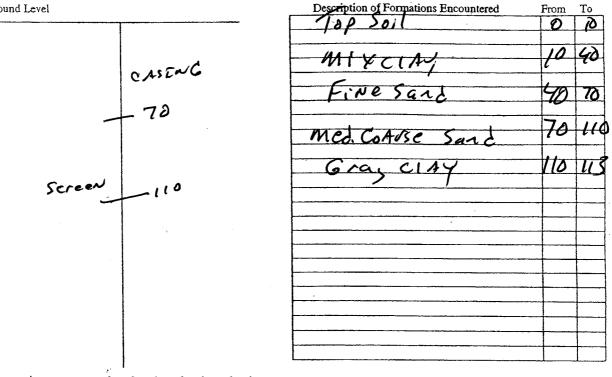
CARY EAST PLUT

L	J State We	ll Report	For Office Use Only:
County: SHARKET	Part 1		
-	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:
Permit #: <u><u><u>6</u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u>		a Water Resources	Well #:
Driller J. NEW COME 0-773	Jackson, MS	39289-0631	L. S. Elevation:
Date drilling completed:	(601)9	61-5210	E-log #:
		-6938 (fax)	
State Law requires that this re	eport be prepared by the d	lriller in detail and filed v	with the Department within
30 days of completion of drilli	ng of the well.	· · ·	Il Location
Well Owner Infor		22,49,0	7" Longitude 90 . 57. 01.
Owner Name Carry Asso Mailing Address: 2 Charles	iates		
Mailing Address: 2 Charles	, Neissinger	Method of Lat/Long (circle of	
PO Box 18	37	USGS quad, Hand-he	d GPS, Survey-grade GPS
		NE 1/1 BATTA Sec_B	6 Twn IIN Rng TW
City	State Zip Code		Nearest Town
		Distance Direction Miles NW	of CARY
Telephone No. ()			
	Well		
Purpose of Well (circle one) Home	Industrial Public Supply	Irrigation Fish Culture	
Date well drilling started: <u>8-10-</u>	- <b>A</b> 9 Date	well drilling completed:	3-10-09
Date well drilling started:			
If flowing, method of flow regulation:	: Valve Other (		
Static Water Level:fe	eet above or below (circle one)		
Method of Measurement (circle one)	steel tape electric tap	•	0
Hole depth: 113 We		Well grouted to a depth	of <u> </u>
Type of grout (circle one): Cemen	nt Bentonite Mi		Pur
Casing length: <u>70</u> feet	Casing diameter:14	inches Type of casin	g: <u>1 ¥ C</u>
Screen length: 40 feet	Screen diameter:	inches Type of scree	n: <u>PVC</u>
	iches Setting depth: From	70feet to	10 feet
			Doen hole Natural Development
Type of completion (circle all applic	able): Gravel packed Und	Tetreatilen Telescohon (	
	Other (describe):		
Top of lap pipe or reduction in casin	ng:feet. I	f telescoped or more than on	e screen, describe on back of page
Logs run (circle all applicable)		Ray Density Sonic Neutr	on Other:
Name of organization running log(s	s):		able requirements of the Mississi
I certify that the well was drilled.	constructed, and completed	in accordance with all applic	ations and state laws.
Department of Environmental Qu	uality and/or the Mississippi	Department of Health regula	Anna and arger 19 4.2
Tan	0-773	1 d	Newe
JOHN NEWCOME	· · ·	Signa	ture of Water Well Contractor
1	tor and License No.	~	KEGE
Print Name of Water Well Contract			
Print Name of Water Well Contrac			SEP 24
Print Name of Water Well Contrac			SEP 2 4 BY: O

If well telescopes please sketch below and show depths.

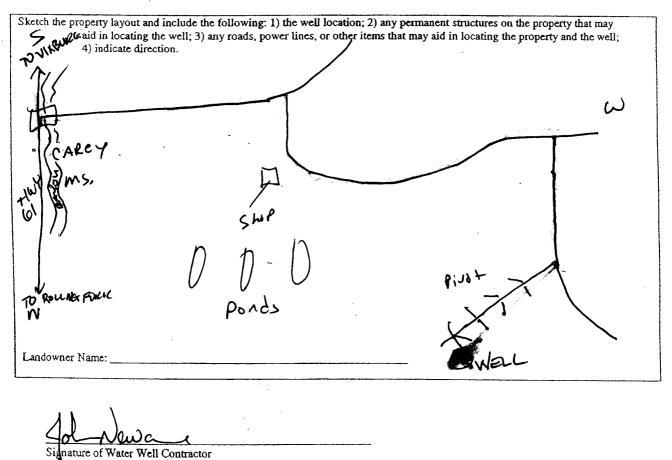
G156

Ground Level



- 1

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



STATE WELL REPORT	
County: Sharkey Permit #: 6.043503 Driller: 1. Newcome Date completed: 8/10/09 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:
This report should be prepared by the pump installer in detail and filed with the Departmen installation of pump.	at within 30 days of the
Well Owner Information Owner Name: Carry ASSOCIONES Mailing Address? Charles Weissinger Mailing Address? Charles Weissinger Mailing Address? Charles Weissinger Method of Lat/Long (circle on USGS quar. Hand USGS quar. Hand NE 1/4 NHO 1/4 Sec Distance Direction	I-held GPS, Survey-grade GPS
	V
	wer Type incle one
Air Lift Jet Submersible Diesel Engine Gasolir	ne 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	<u> </u>
Date Pump Installed:   81509   Setting Depth:   10     Rated Pump Capacity:   1600   Gallons Per Minute   Number of Stages:   3	feet
	asuring Water Level
Date Well Tested:	but in head:feet
Duration of Pump Test (minimum 4 hours):hoursfeet after I HEREBY CERTIFY that the above statements are true to the best of my knowledge	hours of pumping
Construction Rowe O-711P   Print Name of Promp Installer and License No. (if applicable) Signature of Primp Installer	nstaller RECEIV
	SEP 2 4 2

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BY: OLWR