Stat	te Well Report	For Office Use Only:		
County: WASHING TON	Part 1	For Onice Ose Outy.		
Mississippi Depa	artment of Environmental Quality	Aquifer:		
Permit # OUGLOLD Office of I	Land and Water Resources	Well #: <u>L-168</u>		
	P.O. Box 10631			
Jack	son, MS 39289-0631	L. S. Elevation:		
Date drilling completed: <u>6-04-07</u>	(601)961-5210	E-log #:		
(0	601)354-6938 (fax)	E-10g #.		
State Law requires that this report be prepared I 30 days of completion of drilling of the well.	by the driller in detail and filed v	vith the Department within		
Well Owner Information	We	Il Location		
Dwner Name Possum RIDGE FARMS	Latitude: 33 . 11 . 4	3." Longitude: <u>90 • 53 · 11 .</u> "		
Mailing Address: Box 134 CURREY R	2. Method of Lat/Long (circle of	one): Conventional Survey,		
/	USGS quad, Hand-hel	d GPS) Survey-grade GPS		
HULLANDALG, MS. 38748 SE 1/2 NE 1/4 Sec 35 Th City State Zip Code SW NE 1/4 Sec 35 Th		Twn 16H Rng TW		
	e 500 Direction	Nearest Town		
Telephone No. 267-822-6275	Distance Direction	of Hollandak		
	Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: <u>6-04-07</u>	Date well drilling completed:	-04-01		
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level:feet above or below (circ	le one) land surface Date measured	;		
Method of Measurement (circle one) steel tape elect	tric tape air line other:			
Hole depth: 133' Well depth: 127'	Well grouted to a depth of	feet		
Type of grout (circle one): Cement Bentonite	Mix			
Casing length: feet Casing diameter:	inches Type of casing:	P.V.C.		
Screen length: 40_feet Screen diameter:	inches Type of screen:	P.V.C.		
Screen slot size: <u>.050</u> inches Setting depth: From <u>87</u> feet to <u>127</u> feet				
Type of completion (circle all applicable): Gravel packed	Underreamed Telescoped Op	en hole Natural Development		
Other (describe	e):			
Top of lap pipe or reduction in casing:fe	eet. If telescoped or more than one s	creen, describe on back of page		
Logs run (circle all applicable). No log run Electric Gan	ama Ray Density Sonic Neutron	Other:		
Name of organization running log(s): I certify that the well was drilled, constructed, and compl	eted in accordance with all annlicab	e requirements of the Mississiant		
Department of Environmental Quality and/or the Mississ		• •		
V IIA	(H) I A	21		
AHAGGER Well SERVICE	(542) X +am	n Hagen		
		\Z · · · A V		
Print Name of Water Well Contractor and License No.	Signature	of Water Well Contractor		

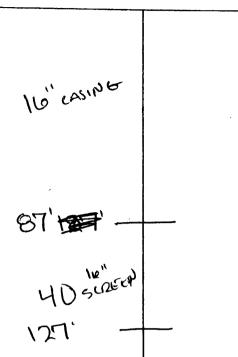
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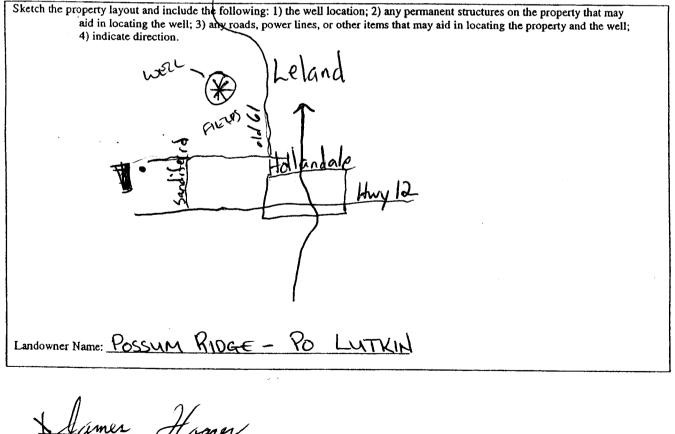
If well telescopes please sketch below and show depths.

Ground Level



Development D	*	
Description of Formations Encountered	From	To
TOP SOIL - CLAY	0	20
FINE SAND MED. SAND	20	50
MED. SAND	50	90
CORRSE	90	133
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

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v	STATE WI	ELL REPORT	
County: LASTANGTON Permit #: <u>60042025</u> Dritter: JAMES HAGGER Date complete: 0-04-07	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 #: <u>L - 168</u> Elevation:
This report should be prepared by th installation of pump.		il and filed with the Departme	nt within 30 days of the
Owner Name OS un Rich Mailing Address: Box (34)	Cutarns		Longitude: <u>90-53-</u> ()
Haca coale City State	Ms. 38748 Zip Code	USGS quade Han	d-held GPS, Survey-grade GPS Twn 6 Rng 7 W Nearest Town
Telephone Norlez-822-1	6275	3 Miles WEST	of Hollgwpale
Pump Type Circle one			ower Type Circle one
Air Lift Jet	Submersible	Diesel Engine Gasoli	ne Engine Natural Gas
Bucket Piston <	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):
Other (specify): Date Pump Installed:	07	Horse Power Rating of Motor Setting Depth:	r:feet
Rated Pump Capacity: 3000	_Gallons Per Minute	Number of Stages:	
Pump Test Data			easuring Water Level
Date Well Tested:			Circle one
Static Water Level (A):Feet Pumping Water Level (B):Feet		Air Line Electric Me Other (specify):	asuring Line Steel Tape
MA KSJ	Below Land Surface	For flowing well, measured s	but in head:feet
Test Durantin Dura	_Gallons Per Minute		GPM with a drawdown of
Test Pumping Rate:			

4 1

I HEREBY CERTIFY that the above statements are true to the best of my know	wledge.
GLEN KOWETTOBP	M. Dai
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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