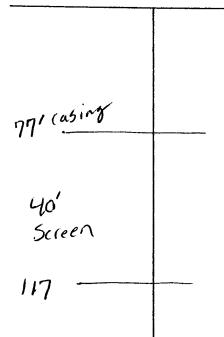
State W	all Doport			
State Well Report		For Office Use Only:		
County Joan Wississinni Denartment	of Environmental Quality	Aquifer:		
	nd Water Resources	Well #: <u>L-169</u>		
Driller AMES HARGER P.O. B	ox 10631			
Jackson, M	S 39289-0631	L. S. Elevation:		
	961-5210 I-6938 (fax)	E-log #:		
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.				
Well Owner Information	Well Location			
Owner Name Possum Ridge	Latitude: <u>33 ° // ' 20</u>	2" Longitude: <u>90 ° 53 ' 42</u> "		
Mailing Address: Box (34	Method of Lat/Long (circle o	ne): Conventional Survey,		
CURREY R.T.		d GPS) Survey-grade GPS		
HOLLANDACE, MS. 387 US City State Zip Code	NE 1/ SW 1/4 Sec_34	5 Twn IGN Rng TW		
City State Zip Code Telephone Lele 2-822-6275	Distance Direction <u>3</u> Miles West	Nearest Town		
	1			
Well Data				
Purpose of Well (circle one) Home Industrial Public Supply Trigation Fish Culture Other:				
Date well drilling started: <u>4-19-07</u> Date well drilling completed: <u>4-19-07</u>				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: _27feet above or below (circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: Well depth: Well grouted to a depth of feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: <u>6 77</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>				
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PUC</u>				
Screen slot size: <u>•050</u> inches Setting depth: From <u>77</u> feet to <u>117</u> 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 screen, describe on back of page				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s):				
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
XHAGGERWell Service (542) X James Hagen				
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor				
	\bigvee			

4

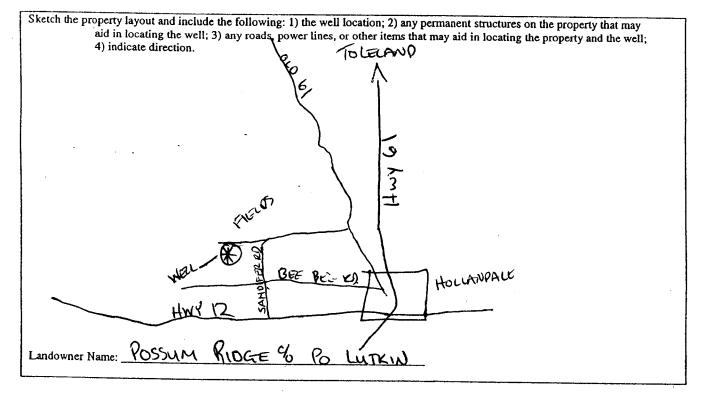
JUL 18 2007 BY: OLWE If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Clay	0	16
fine sand	16	40
medium mix	40	60
Medium sand	60	90
nedium coarse	90	117
	-	
		L

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



amin nature of Water Well Cont

• STATE WE	ELL REPORT		
County Cast i provide the providence of Land a Permit #: 60042026 Drillers Ames House of Land a Drillers Ames House of Land a Date completed: 4 - 19 - 02 (601)	art 2 For Office Use Only: s Completion Report Aquifer: and Water Resources Aquifer: Box 10631 Well #: 961-5210 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.			
Mailing Address: Parx (34 CURREY RP. Hollandale MJ. 38748 City State Zip Code	Also Servey-grade GPS Zip Code Distance Direction Nearest Town		
Pump Type	3 MilevEst of Hollowralls Power Type		
Circle one Air Lift Iet Submarible	Circle one		
Public Submersione	Diesel Engine Gasoline Engine Natural Gas		
Centrifugal Rotary Flowing Well	Electric Motor Hand Tractor PTO Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor:		
Date Pump Installed 4 - 25-07 Rated Pump Capacity: 3000 Gallons Per Minute	Setting Depth:feet		
	Number of Stages:		
Pump Test Data Date Well Tested:	Method of Measuring Water Level Circle one		
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) (A)]: Feet Below Land Surface	Other (specify):		
Test Pumping Rate: Gallons Per Minute ~	Well yielded GPM 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 of my knowledge.			

RECEIVED JUL 16 2007 BY: OLWR