

Possum Ridge #1

Fate well

State Well Report

Part 1

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 #: N-193
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: 6042486
Driller: J. NEWCOME
Date drilling completed: 4-12-08

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: <u>Possum Ridge Farms</u>	Latitude: <u>33° 06' 12"</u> Longitude: <u>86° 02' 05"</u>
Mailing Address: <u>Box 134 Cursey Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>HOLLANDALE, MS 38748</u>	NW <u>1/4</u> SE <u>1/4</u> Sec <u>33</u> Twn <u>15N</u> Rng <u>8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No: <u>662-822-6275</u>	<u>10</u> Miles <u>SW</u> of <u>HOLLANDALE</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 4-12-08 Date well drilling completed: 4-12-08

If flowing, 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: _____

Hole depth: 113 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 70 feet to 110 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.

JOHN NEWCOME 0-773
Print Name of Water Well Contractor and License No.

John Newcome
Signature of Water Well Contractor

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STATE WELL REPORT

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 #: N-143
 Elevation: _____

County: WASHINGTON
 Permit #: OW 42486
 Driller: J. NEW COME
 Date completed: 4-12-08

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Possum Ridge Farms</u> Mailing Address: <u>Box 134 Currey Rd.</u> <u>HOLLANDALE MS 38748</u> City State Zip Code Telephone No: <u>662-822-6275</u></p>	<p style="text-align: center;">Well Location</p> <p>Latitude: <u>33-06-12</u> Longitude: <u>91-02-05</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u>, Survey-grade GPS NW 1/4 SE 1/4 Sec <u>33</u> Twn <u>15N</u> Rng <u>8W</u> Distance Direction Nearest Town <u>10</u> Miles <u>SW</u> of <u>HOLLANDALE</u></p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>4-13-08</u> Rated Pump Capacity: <u>3000</u> Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle one</p> <p><u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>60</u> Number of Stages: <u>1</u></p>
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<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown (B)-(A): <u>NO TEST</u> Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

GLEN ROWE 710-P Glen Rowe
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer