Possum Ridge "

Faste well

## **State Well Report**

County: WASH INGTON

Driller: J. NEWCOME

4-12-08 Date drilling completed:

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 #:	_

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

30 days of completion of drilling of the well.				
Well Owner Information	Well Location			
Owner Name Possim Riggs Fargus	Latitude: 33 ° 66' 12" Longitude: 86° 02' 05"			
Mailing Address: Fox (34 Curasy RO)	Method of Lat/Long (circle one): Conventional Survey,			
•	USGS quad Hand-held GPS, Survey-grade GPS			
Locaronale Ms 38748 City State Zip Code	NW 1/2 SE 1/4 Sec 33 Twn 15H Rng 8W			
Telephone No. 862 - 822 - 6275	Distance Direction Nearest Town  10 Miles SW of Househoale			
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: $4-(2-\sigma P)$			
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 offeet			
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 70 feet Casing diameter: 16 inches Type of casing: Puc  Screen length: 40 feet Screen diameter: 16 inches Type of screen: Puc				
Screen length: 40 feet Screen diameter: 16	inches Type of screen:			
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	- Col neware			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

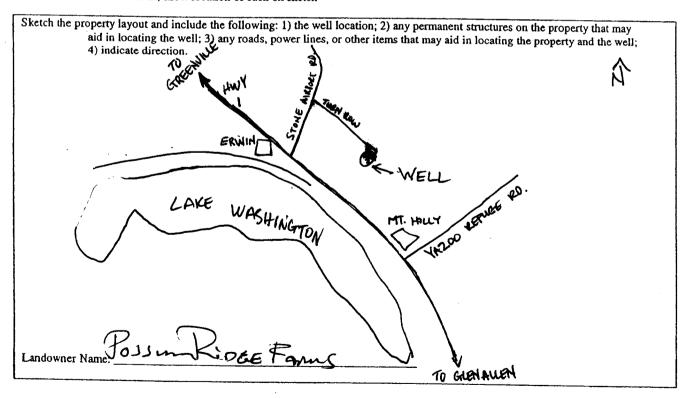
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Ground Level		Description of Formations Encountered	From	To
		7095011	0	10
		MIXCIAY	10	35
	CASIN G	FINESANO	38	7
	C.434.14.0		26	679
-	<i>- 70</i>	COArse sand	18	10
		Gray CIAY	105	11
SCREEN				$\vdash$
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

## 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

(601)961-5210

For Office Use Only:			
Aquifer:			
Well#: N-143			
Elevation:			

Jackson, MS 39289-0631 Date completed: (601)354-6938 (fax) This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. Well Owner Information Well Location Method of Lat/Long (circle one): Conventional Survey, USGS quad Hand-held GPS, Sur Distance Direction Nearest Town Pump Type Power Type Circle one Circle one Air Lift Jet Gasoline Engine Submersible Diesel 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: Date Pump Installed: Setting Depth: Rated Pump Capacity: \_ Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): \_\_\_\_\_Feet Below Land Surface Other (specify): Pumping Water Level (B): 1 Feet Below Land Surface Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: \_Gallons Per Minute Well yielded \_\_\_\_\_ GPM with a drawdown of Duration of Pump Test (minimum 4 hours): \_ \_feet after \_\_\_ \_hours of pumping

I HERREBY CERTIFY that the above statements are true to the best of	my knowledge
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer