

o Possum Ridge

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-145
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: 6W42850
Driller: J. NEWCOME 0-773
Date drilling completed: 8-20-08

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' 54"</u> Longitude: <u>90° 00' 53"</u> |
| Mailing Address: <u>PO Box 134 Curren Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> Survey-grade GPS |
| <u>HOLLANDALE MS 38748</u> | USGS quad: <u>SE ¼ SE ¼ Sec 21 Twn 15N Rng 8W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No: <u>662-822-5718</u> | <u>9</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: 8-20-08 Date well drilling completed: 8-20-08

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: 133 Well depth: 130 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 60-80 feet to 120-130 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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SEP 22 2008

BY: OLWR

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)

County: WASHINGTON
 Permit #: GW 42850
 Driller: J. NEWCOMB-773
 Date completed: 8-20-08

For Office Use Only:

Aquifer: _____
 Well #: N-145
 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.

| Well Owner Information | Well Location |
|--|--|
| Owner Name: <u>Possum Ridge Farms</u> | Latitude: <u>33-06-54</u> Longitude: <u>91-00-53</u> |
| Mailing Address: <u>Box 134 Cherry Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>HOLLANDALE, MS. 38748</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>21</u> Twn <u>15N</u> Rng <u>8W</u> |
| Telephone No. <u>662-822-5718</u> | Distance Direction Nearest Town <u>9</u> Miles <u>SW</u> of <u>HOLLANDALE</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet Submersible | <u>Diesel Engine</u> Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u> | Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>600</u> |
| Date Pump Installed: <u>8-22</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>3000</u> Gallons Per Minute | Number of Stages: <u>1</u> |

| 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): <u>NOT TESTED</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: _____ Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

GLENN ROWE 7109 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 SEP 22 2008
 BY: OLWR