

# 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 #: C-10989  
L. S. Elevation: \_\_\_\_\_  
E-Lot #: \_\_\_\_\_

County: FORREST <sup>035</sup>  
Permit #: MS-GW-15464  
Driller: LAYNE-CENTRAL  
Date Drilling Completed: 7/18/03

*Layne Central Company*

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>EASTABUCHIE UTILITY ASSOCIATION</u>	Latitude: <u>31 ° 23 ' 71 "</u> Longitude: <u>89 ° 14 ' 44 "</u>
Mailing Address: <u>795 LEEVILLE ROAD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> <sup>46</sup> <sub>76</sub>
<u>PETAL, MS 39465</u>	USGS quad, Hand-Held GPS, Survey-grade GPS
City State Zip Code	<u>NW</u> ¼ <u>SW</u> ¼ Sec <u>18</u> Twn <u>5N</u> Rng <u>12W</u>
Telephone No. ( <u>601</u> ) <u>582-5959</u>	NE Distance Direction Nearest Town
	<u>5</u> Miles <u>NORTH</u> of <u>PETAL</u>

Well Data

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

Date well drilling started: 5/12/03 Date well drilling completed: 7/18/03

If flowing, method of flow regulation: Valve N/A Other (describe) -

Static Water Level: 183 feet above or  below (circle one) land surface Date Measured: 7/28/03

Method of Measurement (circle one) steel tape  electric tape air line Other: -

Hole depth: 1317' Well depth: 715' Well grouted to a depth of 580 feet

Type of grout (circle one)  Cement Bentonite Mix

Casing length: 580 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 80 feet Screen diameter: 8 inches Type of screen: STAINLESS ROD BASED

Screen slot size: 0.014 inches Setting depth: From 585 feet to 715 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: 507 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): LAYNE-CENTRAL, JACKSON, MS

RECEIVED  
SEP 14 2004  
BY: DLWR

I certify that the well was drilled, constructed and completed in accordance with applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Note: Work was stopped on this project in August 2003. The work has still not been completed.

LAYNE-CENTRAL  
Print Name of Water Well Contractor and License No.

0-064

*David L. Layne*

Signature of Water Well Contractor

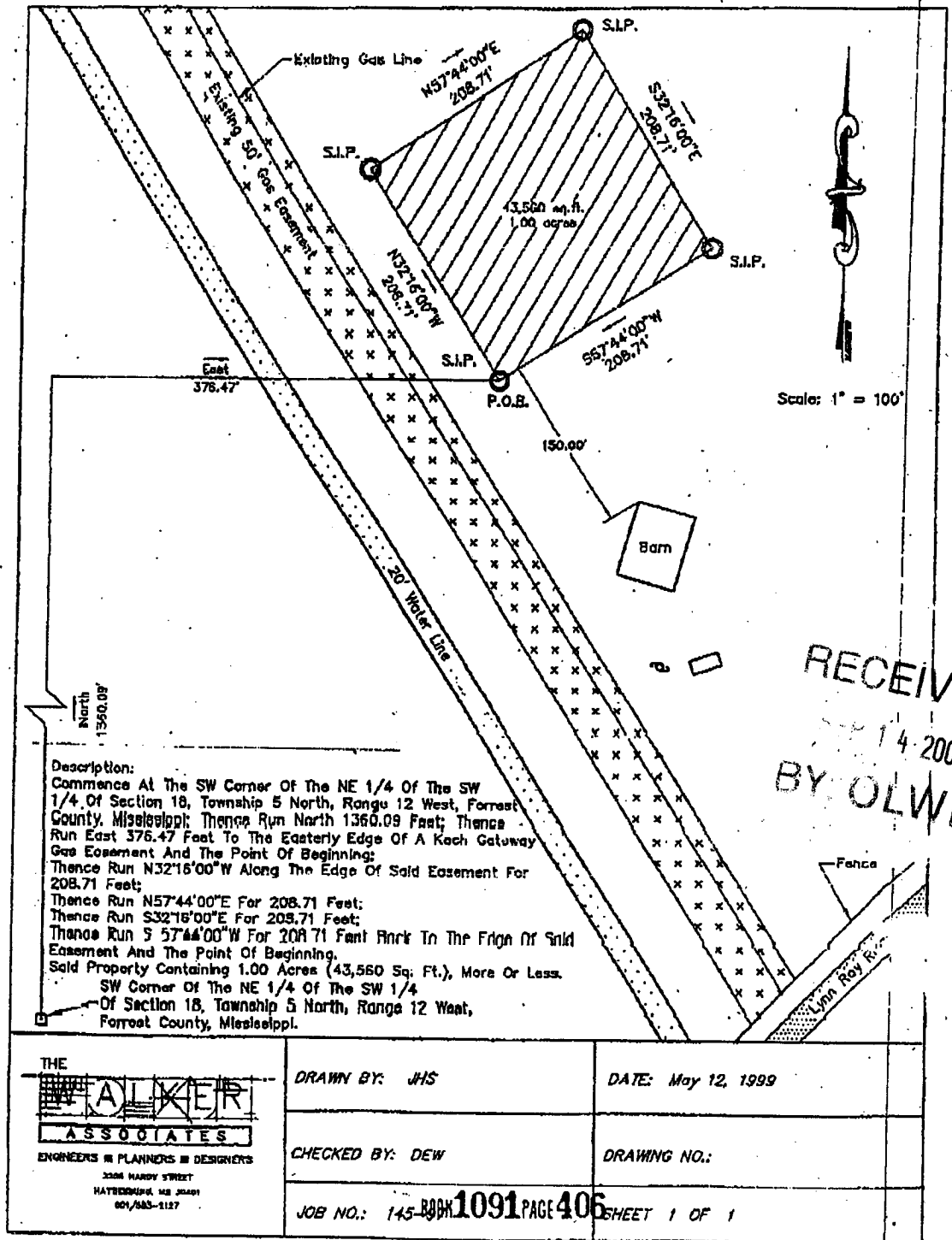


Leake Co.

~~1009~~  
C-84

Attached hereto that certain Subordination Agreement between Koch Gateway Company, Sea Breeze Communication Company and Eastabutchie Utility Association, Inc.

EXHIBIT "A-2"



Description:  
 Commence At The SW Corner Of The NE 1/4 Of The SW 1/4 Of Section 18, Township 5 North, Range 12 West, Forrest County, Mississippi; Thence Run North 1360.09 Feet; Thence Run East 376.47 Feet To The Easterly Edge Of A Koch Gateway Gas Easement And The Point Of Beginning; Thence Run N32°16'00"W Along The Edge Of Said Easement For 208.71 Feet; Thence Run N57°44'00"E For 208.71 Feet; Thence Run S32°16'00"E For 208.71 Feet; Thence Run S 57°44'00"W For 208.71 Feet Back To The Fring Of Said Easement And The Point Of Beginning. Said Property Containing 1.00 Acres (43,560 Sq. Ft.), More Or Less. SW Corner Of The NE 1/4 Of The SW 1/4 Of Section 18, Township 5 North, Range 12 West, Forrest County, Mississippi.

THE  
**ALKER**  
 ASSOCIATES  
 ENGINEERS IN PLANNERS IN DESIGNERS  
 2308 HANCOY STREET  
 HATTIESBURG, MS 39401  
 601/563-2127

DRAWN BY: JHS	DATE: May 12, 1999
CHECKED BY: DEW	DRAWING NO.:
JOB NO.: 145-8081 1091 PAGE 406 SHEET 1 OF 1	

### State Well Report

County: FORREST  
 Permit #: MS-GW-15464  
 Driller: LAYNE-CENTRAL  
 Date Completed: 7/18/03  
*Copy information from block on Part 1*

**Part 2**  
**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P. O. Box 2309  
 Jackson, MS 39225-2309  
 (601) 961-5210  
 (601) 354-6938 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: C-84  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information			Well Location		
Owner Name	<u>EASTABUCHIE UTILITY ASSOCIATION</u>		Latitude:	<u>31° 23' 77"</u>	Longitude: <u>89° 14' 44"</u>
Mailing Address:	<u>795 LEEVILLE ROAD</u>		Method of Lat/Long (check one):	Conventional Survey _____	
	<u>PETAL</u>	<u>MS 39465</u>	USGS quad _____	Hand-Held GPS <input checked="" type="checkbox"/>	Survey-grade GPS _____
	City	State Zip Code	NW ¼ SW ¼ Sec <u>18</u>	T <u>5N</u>	R <u>12W</u>
Telephone No.	<u>( 601 ) 582-5959</u>		Distance	Direction	Nearest Town
			<u>5</u> Miles	<u>NORTH</u> of	<u>PETAL</u>

Pump Type Circle One			Power Type Circle One		
Air Lift	<input type="checkbox"/> Jct	<input type="checkbox"/> Submersible	Diesel Engine	<input type="checkbox"/> Gasoline Engine	<input type="checkbox"/> Natural Gas
Bucket	<input type="checkbox"/> Piston	<input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor	<input type="checkbox"/> Hand	<input type="checkbox"/> Tractor PTO
Centrifugal	<input type="checkbox"/> Rotary	<input type="checkbox"/> Flowing Well	Windmill	Other (specify): _____	
Other (specify):	_____				
Date Pump Installed:	<u>10/21/04</u>		Horse Power Rating of Motor:	<u>100</u>	
Rated Pump Capacity	<u>700</u>	Gallons Per Minute	Setting Depth:	<u>300</u>	feet
			Number of Stages:	<u>8</u>	

Pump Test Data		Method of Measuring Water Level Circle One	
Date Well Tested:	<u>4/15/08</u>	<input checked="" type="checkbox"/> Air Line	<input type="checkbox"/> Electric Measuring Line
Static Water Level (A):	<u>183</u> Feet Below Land Surface	<input type="checkbox"/> Steel Tape	Other (specify): _____
Pumping Water Level (B):	<u>221</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet	
Drawdown [(B) - (A)]:	<u>221</u> Feet Below Land Surface	Well yielded	<u>770</u> GPM with a drawdown of
Test Pumping Rate:	<u>770</u> Gallons Per Minute	<u>38</u> feet after	<u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours):	<u>4</u> hours		

I hereby certify that the above statements are true to the best of my knowledge.

**DAVE COOK**  
 Print Name of Pump Installer and License No. (if applicable) 692

*Dave Cook*  
 Signature of Pump Installer