

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 #: R-771
 L. S. Elevation: _____
 E-log #: _____

County: Jasper

Permit #: _____

Driller: A-1 DRILLING SERV

Date drilling completed: 10-27-05

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>Scott Williams</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2402 CR # 711</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Stringer</u> <u>Ms.</u> <u>39481</u>	<u>NW 1/4 SW 1/4 Sec. 10 Twn. 10 N Rng. 13 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 729-2658</u>	<u>± 3 Miles SW of Stringer</u>

Well-Data

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

Date well drilling started: 10-26-05 Date well drilling completed: 10-27-05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 49 feet above or below (circle one) land surface Date measured: 10-27-05

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 111 Well depth: 105 Well grouted to a depth of 11 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 96 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .006 inches Setting depth: From 95 feet to 105 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: NA feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run NA Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): NA

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.

A-1 DRILLING SERV. INC 0410
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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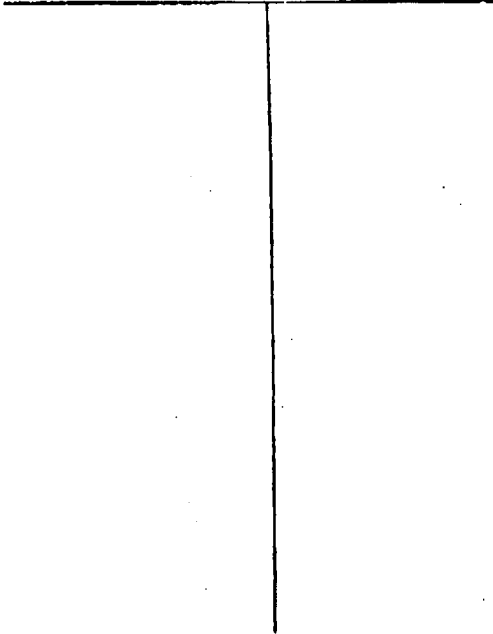
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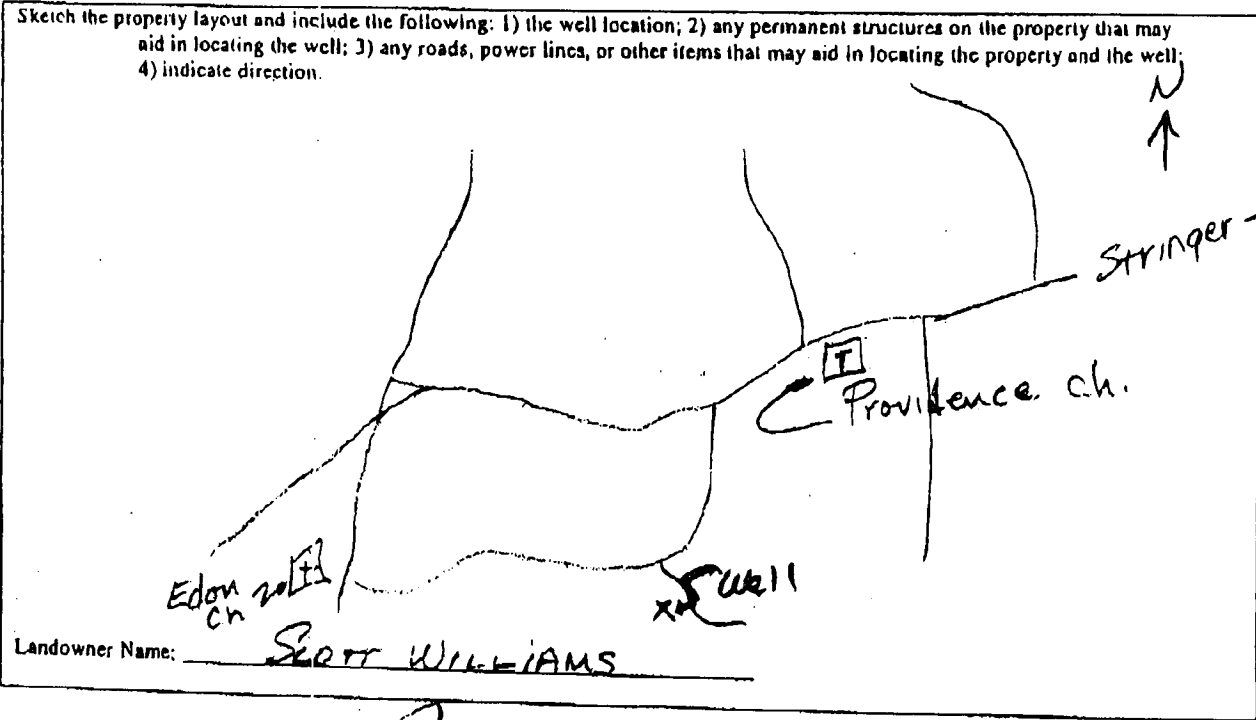
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Clay, tan	0	2
Clay, orange	2	7
Clay, pink	7	24
Sand, very coarse	24	61
Clay, white & pink	61	72
Sand & clay mixed	72	78
Sand	78	110
Clay	110	111

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



Stephen [Signature]
 Signature of Water Well Contractor