

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 #: B-113
L. S. Elevation: _____
E-log #: _____

County: Jones
Fermil #: _____
Driller: A-1 Drilling Serv
Date drilling completed: 8-28-08

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>Soso Comm. Water Syst. Inc.</u>	Latitude: <u>31.45.51</u> " Longitude: <u>89.14.44</u>
Mailing Address: <u>P.O. Box 146</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad: Hand-held GPS, Survey-grade GPS</u>
<u>Soso</u> <u>MS</u> <u>39480</u> City State Zip Code	<u>S1/4NW1/4</u> Sec <u>7</u> Twn <u>9N</u> Rng <u>12W</u>
Telephone No: <u>(601) 729-3500</u>	Distance <u>5</u> Miles Direction <u>N-NW</u> of Nearest Town <u>Lavel</u>

Well Data

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

Date well drilling started: 8-27-08 Date well drilling completed: 8-28-08

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

Static Water Level: NA feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 538 Well depth: NA Well grouted to a depth of _____ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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

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

Name of organization running log(s): Office of Geology

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.

Wilbert T. Baughman 0410
Print Name of Water Well Contractor and License No.

Wilbert T. Baughman
Signature of Water Well Contractor

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B-113

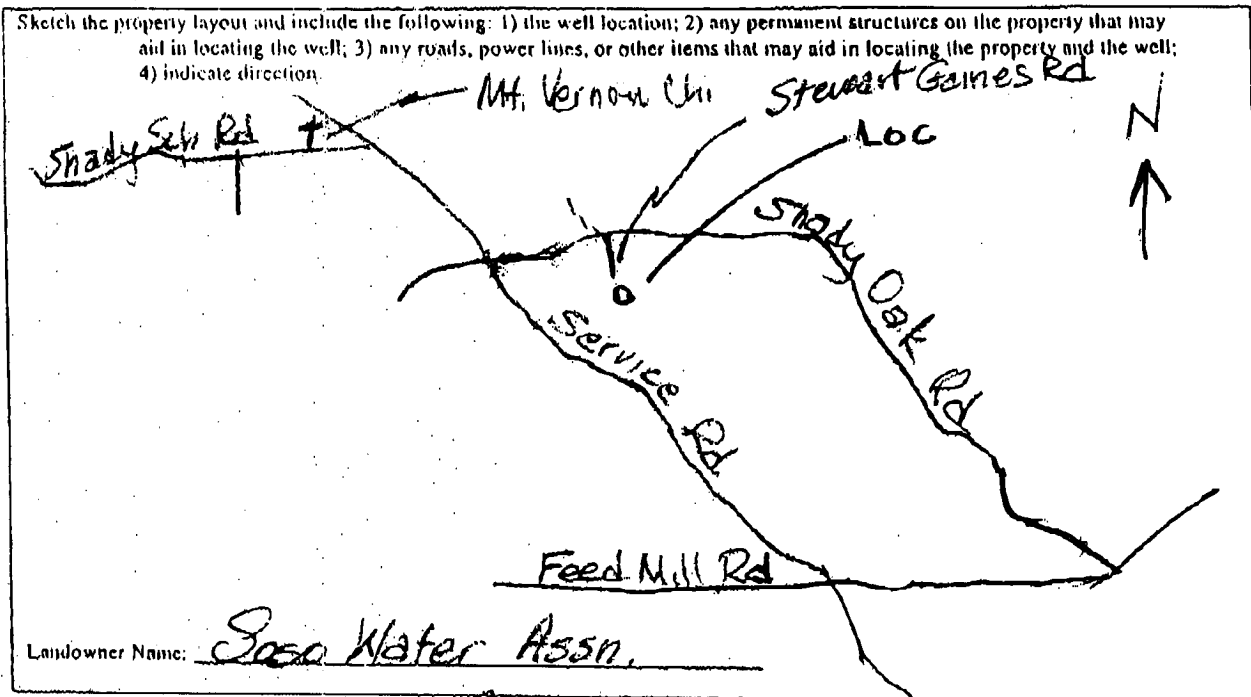
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay, red, sandy	0	9
Sand, tan	9	71
Clay, pink	71	80
Clay, grayish brown	80	85
Clay, gray	85	115
Sand, tan	115	140
Clay, white	140	170
Clay w/ hard streaks	170	204
Sand & clay mixed, white	204	219
Sand, yellow	219	242
Clay, gray-green	242	245
Clay, sandy w/ streaks sand	245	345
Clay, gray	345	376
Clay, sandy, dark gray	376	401
Clay, gray-green, brittle, sdy	401	419
Clay, gray	419	452
Clay, dark gray	452	478
Clay, sandy	478	536
Kalk (limestone)	536	536

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Milton [Signature]
Signature of Water Well Contractor

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