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A-1 DRILLING SERVICE

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State Well Report

Part I

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-96
 L. S. Elevation: _____
 E-log #: _____

County: FERRY
 Permit #: _____
 Driller: A-1 DRILLING SERVICE
 Date drilling completed: 12-10-07
(test hole only)

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>GREAT SOUTHERN FARMS</u>	Latitude: <u>31-34 45</u> Longitude: <u>88-57-10</u>
Mailing Address: <u>P.O. Box 1670</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> USGS quad <input type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS
<u>RICHTON MS 39476</u>	<u>SE 1/4 NW 1/4 Sec 12 Twn 5N Rng 10W</u>
City State Zip Code	Distance <u>1 1/2</u> Miles Direction <u>N</u> of Nearest Town <u>RICHTON</u>
Telephone No. <u>(601) 400-2996</u>	

Well Data

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

Date well drilling started: 12-3-07 Date well drilling completed: 12-10-07 (test hole only)

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: 500' Well depth: NA Well grouted to a depth of NA 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

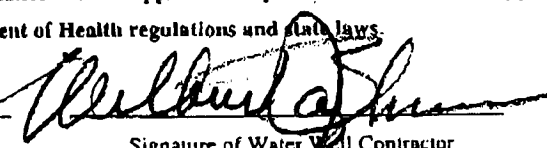
Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

Logs 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.

Wilbur T. Buchanan 0410 
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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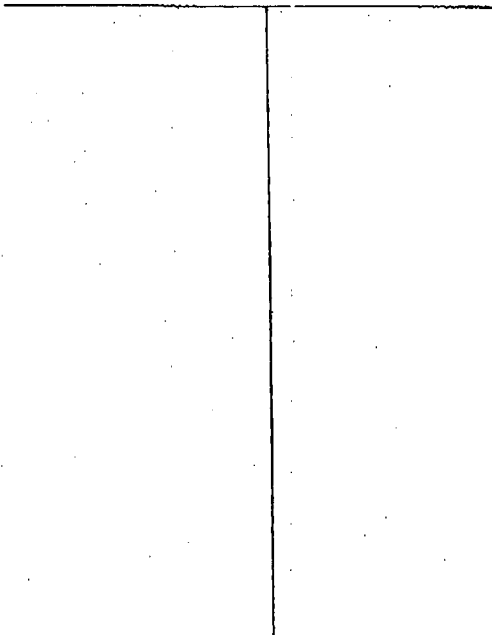
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DER 1
9800

If well telescopes please sketch below and show depths.

B-96

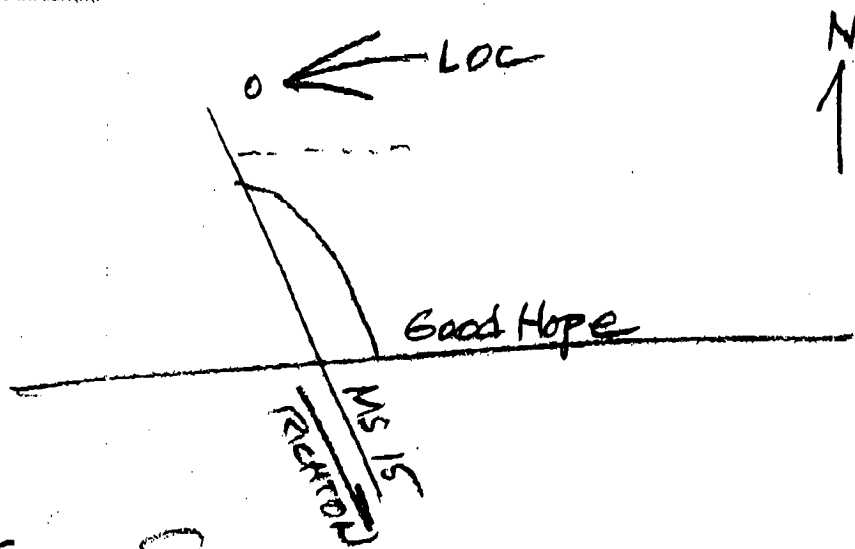
Ground Level



Description of Formations Encountered	From	To
Top soil	0	1
Clay, sandy, orange	1	6
Sand w/ clay breaks, red	6	40
Sand	40	105
Clay	105	106
Sand	106	124
Sand & clay mixed	124	141
Sand & pea gravel	141	147
Clay, sandy	147	157
Sand	157	168
Clay, gray-green	168	251
Clay w/ sand streaks	251	259
Sand, good clatter	259	274
Sand & clay mixed	274	278
Sand	278	290
Clay, gray-green	290	374
Sand & clay streaks	374	374
Sand	374	390
Sand, good clatter	390	416
Clay, sandy, gray	416	454
Sand, good	454	484
Sandy clay	484	500

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.



Landowner Name GREAT SOUTHERN FARMS

[Handwritten Signature]
Signature of Water Well Contractor