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A-1 DRILLING SERVICE

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DEP I Part 2 never received 4/13  
9308

### 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)

County: PERRY  
 Permit #: 1  
 Driller: A. DRUG SERVICE  
 Date drilling completed: 12-13-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: B-97  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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° 24' 34"</u> Longitude: <u>88° 57' 01"</u>
Mailing Address: <u>P.O. Box 1670</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>RICHTON MS 39476</u> City State Zip Code	<u>NW 1/4 SE 1/4 Sec 12 Twn 5N Rng 10W</u>
Telephone No. <u>(601) 408-2996</u>	Distance <u>±5</u> Miles Direction <u>N</u> of Nearest Town <u>RICHTON</u>

**Well Data**

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

Date well drilling started: 11-27-07 Date well drilling completed: 12-13-07

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

Static Water Level: 68 feet above or  below (circle one) land surface Date measured: 12-13-07

Method of Measurement (circle one) steel tape   Electric tape  air line other: \_\_\_\_\_

Hole depth: 163' Well depth: 160' Well grouted to a depth of 11 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 141 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .006 inches Setting depth: From 140 feet to 160 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  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

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

