

Part 2 never received 4/13

State Well Report

Part 1

County: PERRY
 Permit #: MS-GW-16516
 Driller: A-1 DRILLING SERV
 Date drilling completed: 7-22-08

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: B103
 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 36</u> Longitude: <u>88 57 05</u>
Mailing Address: <u>PO Box 1670</u>	Method of Lat/Long (circle one): Conventional Survey
<u>RIGHTON MS 39476</u>	<input checked="" type="radio"/> BSGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 12 Twp 5N Rng 10W</u>
Telephone No. <u>(601) 408-2996</u>	Distance Direction Nearest Town
	Miles of

Well Data

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

Date well drilling started: 7-01-08 Date well drilling completed: 7-22-08

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

Static Water Level: 133 feet above or below (circle one) land surface Date measured: 8-20-08

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

Hole depth: 471' Well depth: 470' Well grouted to a depth of _____ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 416 feet Casing diameter: 6 inches Type of casing: GALV. T&G

Screen length: 56 feet Screen diameter: 6 inches Type of screen: Barweld steel

Screen slot size: .026 inches Setting depth: From 414 feet to 470 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): 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. Baughman 0410 Wilbur T. Baughman
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

DEP!
9800

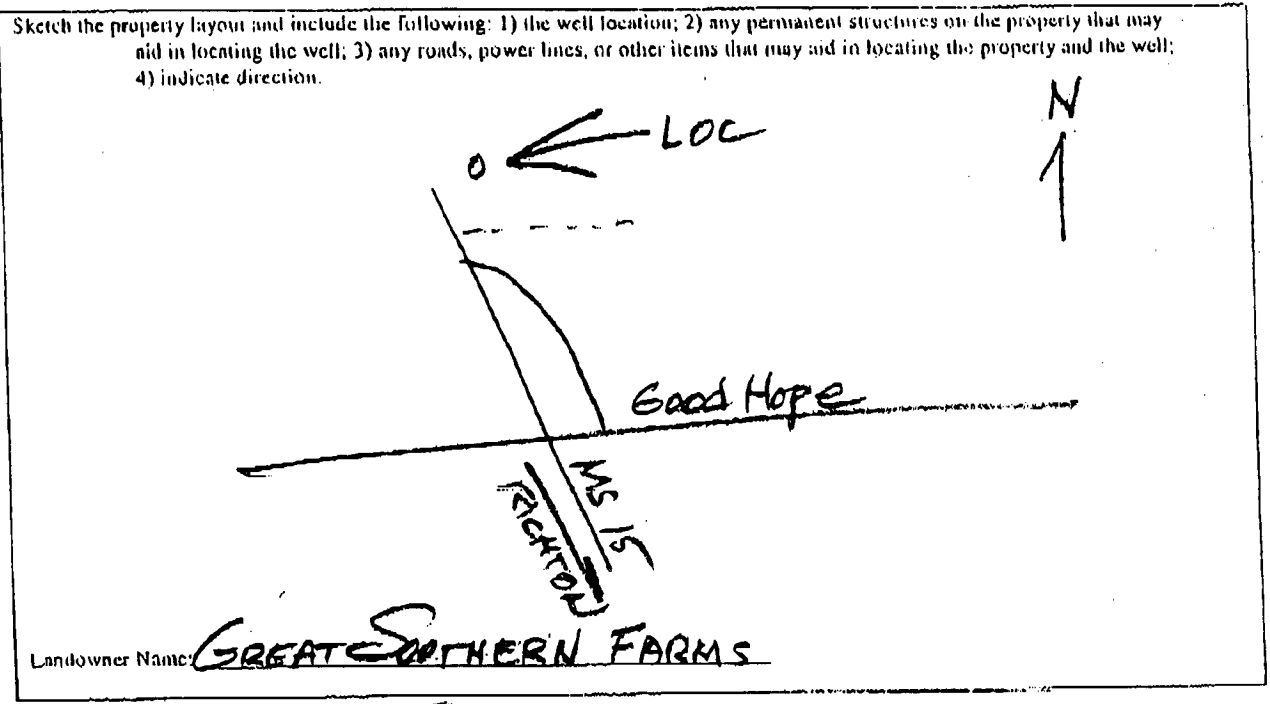
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top soil	0	1
Clay, sandy, orange	1	6
Sand w/ clay streaks, red	6	40
Sand	40	105
Clay	105	106
Sand	106	124
Sand & clay mixed	124	141
Sand & peb gravel	141	147
Clay, sandy	147	157
Sand	157	178
Clay, gray-green	178	251
Clay w/ sand streaks	251	259
Sand, good clatter	259	274
Sand & clay mixed	274	278
Sand	278	290
Clay, gray-green	290	357
Sand & clay streaks	357	374
Sand	374	390
Sand, good clatter	390	446
Clay, sandy, gray	446	457
Sand, good	457	494
Sandy clay	494	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.



Richard Taylor
Signature of Water Well Contractor