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A-1 DRILLING SERVICE

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### 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 #: C-28  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: SMITH  
Permit #: \_\_\_\_\_  
Driller: A-1 DRILLING SERV  
Date drilling completed: 10-24-05

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>BATTE LUMBER CO.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>ROUTE 2, BOX 707</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>FOREST MS 39074</u> City State Zip Code	<u>NW 1/4 NE 1/4 Sec 29 Twn 4N Rng 8E</u>
Telephone No. <u>(601) 536-2096</u>	Distance <u>1 1/2</u> Miles Direction <u>S</u> of Nearest Town <u>LORENA</u>

**Well Data**

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

Date well drilling started: 10-24-05 Date well drilling completed: 10-24-05

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

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

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

Hole depth: 90 Well depth: NA Hole grouted to a depth of 0-90 feet

Type of grout (circle one): Cement Bentonite Mix

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

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

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

Type of completion (circle all applicable): NA Gravel packed  Underreamed  Telescoped  Open hole  Natural Development

Other (describe): Dry hole - no casing set

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  None  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

