County: Washington

Permit #:

Driller: K+T Drilling

Date drilling completed: 12-16-04

K+T DRILLING

State Well Report

Part 1 – Driller's Log

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 #: D-221151

L. S. Elevation:

E-log #:

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner
(Landowner if borehole is not for a water well)

Owner Name Trans montaigne

Mailing Address: 310 walthall ST

Greenville miss 38701
City State Zip Code

Telephone No. (____)

Well or Borehole Location

Latitude: 32 ° 58 ' 51 " Longitude: 32 ° 33 ' 42 "

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

____ ¼ ____ ¼ Sec 3 Twn T18N Rng R8W

Distance 0 Miles Direction Downtown Nearest Town of Greenville

Well / Borehole Data

Date drilling started: 12-14-04 Date drilling completed: 12-16-04 Hole depth: 200 Hole diameter: 8"

Location of the source of any surface water used for drilling: Community water

Method of dosing and volume of Chlorine used in drilling and development:

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

Name of organization running log(s):

(Attach copy of log to this report)

Purpose of borehole (check one): Water Well___ Geotechnical/Geological Investigation___ Ground Source Heat Pump___
Seismic Survey___ Other (*describe*) Cathodic Protection

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home ___ Industrial___ Public Supply___ Irrigation___ Fish Culture ___ Other:

If a flowing well, 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:

Well depth: _____ Well grouted to a depth of _____feet Type of grout (circle one): Neat 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 next page***

RECEIVED
JAN 07 2005
BY: OLWR

D-221

The sketch below only required for water wells

If well telescopes, show depths on sketch.

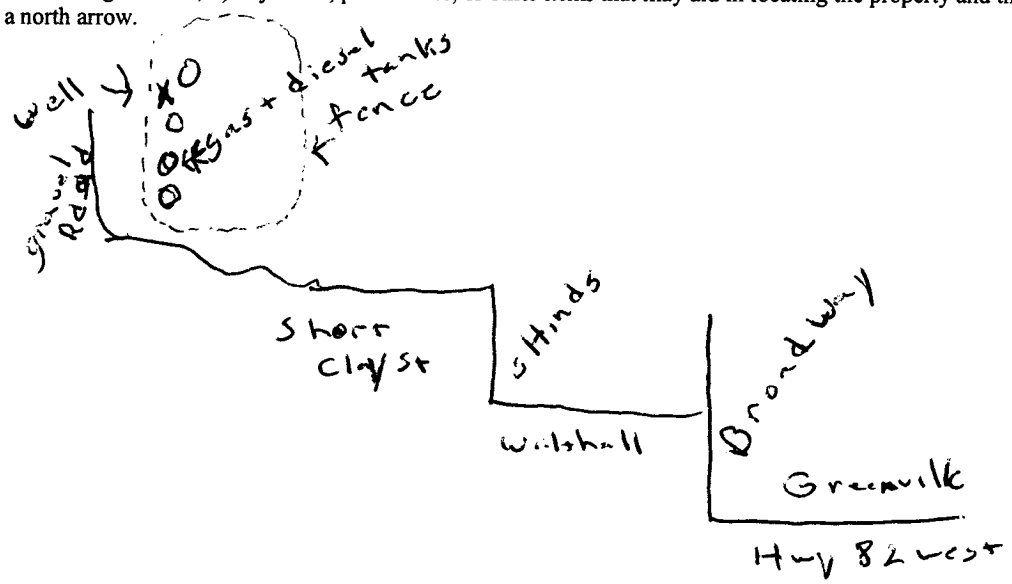
Ground Level

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

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Topsoil	00	5
sand + clay mix	5	20
sand	20	60
sand + pea gravel	60	75
& sand	75	97
clay soft	97	135
clay hard	135	136
clay soft	136	165
sand + clay mix	165	175
clay soft	175	205

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) a north arrow.



Landowner Name: Trans Montaigne

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and State laws.

RECEIVED
JAN 07 2005
BY: OLWR

Mark H Thompson 0-629 | 12-16-04 | Mark H Thompson

Print Name of Responsible Licensee and License No. | **Date** | **Signature of Licensee**