

### 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)

County: WAYNE  
 Perm #:  
 Driller: A-1 DRILLING SER  
 Date drilling completed: 12-20-06

Per Office Use Only:  
 Aquifer:  
 Well #: U-93  
 L.S. Elevation:  
 P-log #: U0093

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>BUKATUNNA WATER WORKS</u>	Latitude: <u>31-36-19"</u> Longitude: <u>88-29-20"</u>
Mailing Address: <u>P.O. Box 242</u> <u>(RICHARD BRADLEY PROP)</u> <u>BUKATUNNA MS 39322</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW</u> <u>NE</u> <u>SW</u> <u>NE</u> Sec. <u>4</u> Twn <u>7N</u> Rng <u>5W</u>
Telephone No. <u>(601) 648-2532</u>	Distance _____ Miles Direction _____ of _____ Nearest Town _____

**Well Data**

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

Date well drilling started: 12-19-06 Date well drilling completed: 12-20-06

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) NA electric tape air line other: \_\_\_\_\_

Hole depth: 322 Well depth: NA Hole grouted to a depth of 0-322 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): \_\_\_\_\_

Top of tap 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 Ra 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.

WILSON T. BAUGHMAN 0410 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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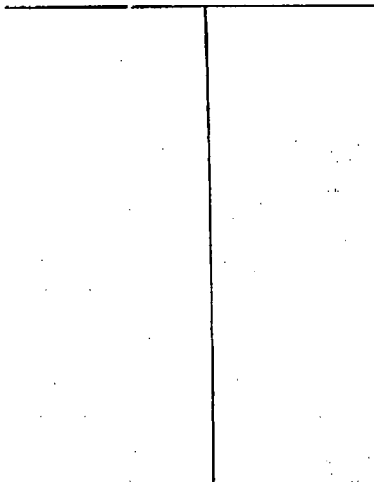
A-1 DRILLING SERVICE

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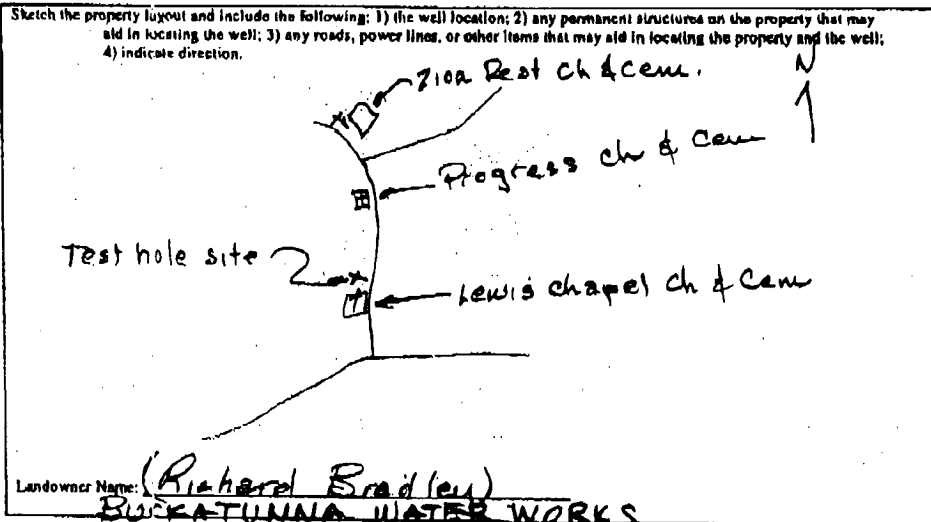
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Clay, tan, sandy, st. 1 ft	0	37
Rock	37	57 1/2
Clay w/ sand streaks, hard stks	57 1/2	70
Clay, light gray, stiff	70	125
Rock	125	-
Sand, coarse	125	134
Clay	134	137
Sand, very coarse & porous	137	171
Clay, gray	171	198
Clay, green, sandy	198	198
Sand	198	201
Clay w/ sand streaks, green	201	209 1/2
Clay	209 1/2	211
Rock	211	263
Clay, gray-green w/ rock & sand streaks	263	263
Clay, dark gray, w/ hard streaks	263	321
Rock (Glendon T.S.)	321	322

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



*William C. [Signature]*  
Signature of Water Well Contractor