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A-1 DRILLING SERVICE

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### State Well Report

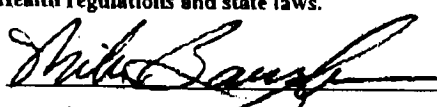
#### Part I

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)

#### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: U-94  
 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>Buckatunna Water Assn.</u>	Latitude: <u>N 31° 34' 51.0"</u>	Longitude: <u>W 88° 30' 56.8"</u>	
Mailing Address: <u>P O Box 242</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey		
<u>Buckatunna Ms 39322</u>	USGS quad: _____ Survey-grade GPS		
City State Zip Code	<u>1/4</u> Sec <u>17</u> Twn <u>7N</u> Rng <u>5W</u>		
Telephone No. <u>(601) 648-2532</u>	Distance <u>2 1/2</u> Miles	Direction <u>N, NW</u> of	Nearest Town <u>Buckatunna</u>
Well Data			
Purpose of Well (circle one) Home Industrial <u>Public Supply</u> Irrigation Fish Culture Other: _____			
Date well drilling started: <u>1-17-07</u>		Date well drilling completed: <u>1-17-07</u>	
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: <u>323</u>		Well depth: _____ Well grouted to a depth of _____ feet	
Type of grout (circle one): 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 back of page			
Logs run (circle all applicable): No log run <u>Electric</u> Gamma Ray Density Sonic Neutron Other: _____			
Name of organization running log(s): <u>D.E.O.</u>			
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.			
<u>Mike Baughman</u> 587			
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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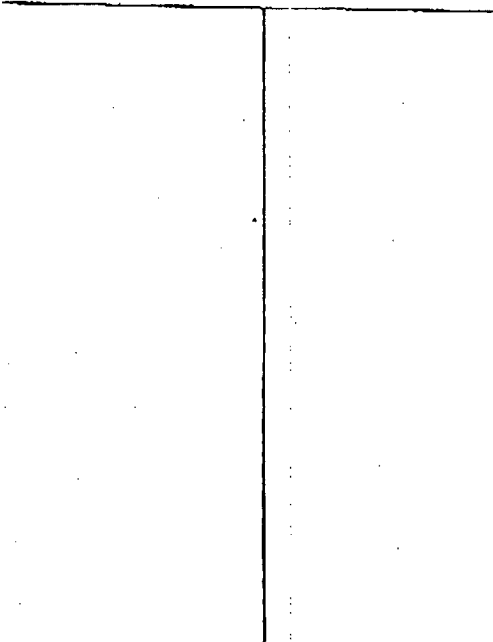
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If well telescopes please sketch below and show depths.

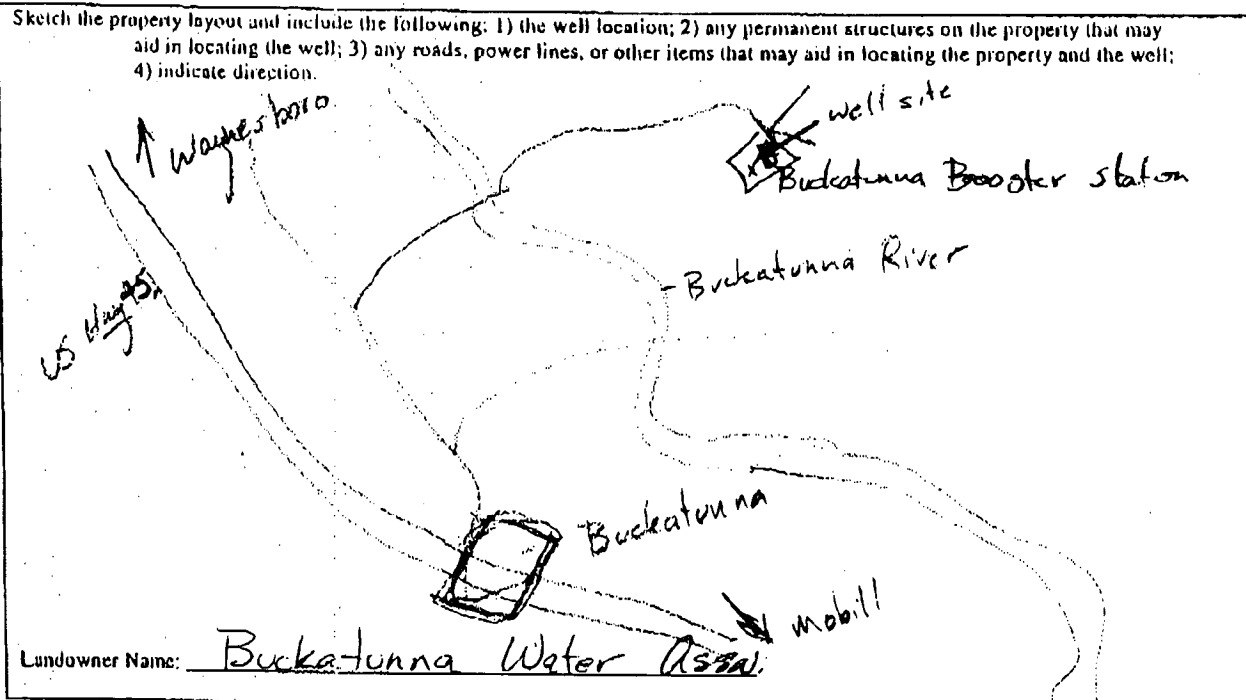
Ground Level



Description of Formations Encountered	From	To
Sandy clay	0	10
Rock	10	10
Yellow-white clay	10	55
Sand	55	147
gray clay	147	170
Sandy gray clay	170	200
Sand	200	211
Clay	211	213
Rock	213	218
gray clay	218	222
Rock	222	225
Clay w/ Rock ledges	225	228
gray clay	228	232
Sand + clay streaks	232	253
Sand	253	291
gray green clay	291	316
Rock	316	316
Clay	316	318
Rock	318	318 1/2
Clay	318 1/2	323
Rock	323	

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.



*Drills Etc.*  
 Signature of Water Well Contractor

Note: will make public supply well on this site shortly.

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