

FROM : WATERWEL

FAX NO. : 6018253915

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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 #: J-82
L.S. Elevation: _____
E-log #: _____

County: Copiah
Permit #: _____
Driller: Water Well Service
Date drilling completed: 10-21-05

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>Sanderson Farms</u>	Latitude: <u>31.52.31</u>	Longitude: <u>90.22.57</u>	
Mailing Address: <u>Hwy 28</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS		
<u>Hazelhurst Ms</u>	<u>1/4</u> <u>1/4</u> Sec <u>34</u> Twp. <u>1N</u> Rng <u>2W</u>		
City State Zip Code	Distance _____ Miles Direction _____ of Nearest Town <u>Hazelhurst, Ms</u>		
Telephone No. <u>(601) 894-3721</u>	Well Data		

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: Log Hole only
Date well drilling started: 7-8-05 Date well drilling completed: 10-21-05
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: 600 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 Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): State loggers - J-82
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.

Arnold Fincher Sr 0598 Arnold Fincher Sr
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

Log Hole only

