

FROM : WATERWEL

FAX NO. : 6018253915

Dec. 05 2005 01:59AM P3

County: Copiah
 Permit #: _____
 Driller: Water well Services
 Date drilling completed: 10-21-05

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 #: J-83
 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.

<p>Well Owner Information</p> Owner Name: <u>Sanderson Farms</u> Mailing Address: <u>Hwy 28</u> <u>Hazelhurst Ms</u> City State Zip Code Telephone No. (601) <u>894-3721</u>		<p>Well Location</p> Latitude: <u>31.52.37</u> Longitude: <u>90.22.55</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 1/4 Sec <u>34</u> Twp <u>1N</u> Rng <u>2W</u> Distance _____ Miles Direction _____ of Nearest Town: <u>Hazelhurst, Ms</u>	
<p>Well Data</p> Purpose of Well (circle one): Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: <u>Test Hole #2</u> Date well drilling started: <u>2-8-05</u> Date well drilling completed: <u>10-21-05</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 <input type="radio"/> electric tape <input type="radio"/> air line <input type="radio"/> other: _____ Hole depth: <u>600</u> Well depth: _____ Well grouted to a depth of _____ feet Type of grout (circle one): Cement <input type="radio"/> Bentonite <input type="radio"/> Mix <input type="radio"/> 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 <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> Natural Development <input type="radio"/> Other (describe): <u>Test Hole #2 - log only</u> Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page		<p>Logs run (circle all applicable): No log run <input type="radio"/> <u>Electric</u> <input type="radio"/> <u>Gamma Ray</u> <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> Other: _____</p>	
<p>Name of organization running log(s): <u>State Logger - J-83</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>Arnold Fincher Sr 0598</u> Print: Name of Water Well Contractor and License No. Signature of Water Well Contractor <u>Test Hole #2</u></p>			

