

FROM : WATERWEL

FAX NO. : 6018253915

Dec. 05 2005 02:00AM P5

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-85

L.S. Elevation: _____

E-log #: _____

County: Copiah

Permit #: _____

Driller: Water Well Services

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>31.52.41</u>	Longitude: <u>90.22.53</u>	
Mailing Address: <u>Hwy 28</u>	Method of Lat/Long (circle one): Conventional Survey		
<u>Hazelhurst, MS</u>	USGS quad. Hand-held GPS. Survey-grade GPS		
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>35</u> Twp <u>1N</u> Rng <u>2W</u>	Distance Direction Nearest Town	
Telephone No. <u>(601) 894-3721</u>	Miles _____ of _____		

Well Data

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

Date well drilling started: 7-805 Date well drilling completed: 10-21-05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 136 feet above or below (circle one) land surface Date measured: 10-21-05

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 500 Well depth: 280 Well grouted to a depth of 60 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 225 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.08 inches Setting depth: From 225 feet to 275 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 logger - J-85

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
Print Name of Water Well Contractor and License No.

Arnold Fincher Sr
Signature of Water Well Contractor

Test Hole #4
Test well #1

