

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer:
Well #: D75
L. S. Elevation:
E-log #:

County: Hinds
Permit # 4" well #1
Driller: Water Well Service
Date drilling completed: 6-29-16

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner
(Leave blank if borehole is not for a water well)
Owner Name: Cal-Maine Foods, Inc
Mailing Address: P.O. Box 168
City: Edwards, Ms 39066
State: Zip Code
Telephone No.: (601) 852-4970

Well or Borehole Location
Latitude: 32.19.55 N Longitude: 90.38.09 W
Method of Lat/Long (circle one): 53 Conventional Survey, 18
USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 SW 1/4 Sec 29 Twp 16 N Rng 4 W
Distance Direction Nearest Town
1.3 Miles West of Edwards, MS

Well / Borehole Data

Date drilling started: 6-5-16 Date drilling completed: 6-28-16 Hole depth: 275 Hole diameter: 6"

Location of the source of any surface water used for drilling: Edwards, Ms water
Method of dosing and volume of Chlorine used in drilling and development:

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s): TEACO

Purpose of borehole (check one): Water Well X Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe):

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: Chicken Houses

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 6-25-16

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

Well depth: 250 Well grouted to a depth of 25 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 190 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.008 inches Setting depth: From 190 feet to 250 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 next page

Form: OLWR-SWR-1A (04/08)

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: Hinds
Permit #: 4" well #1
Driller: Water Well Services
Date completed: 6-29-16
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: D75
Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Cal-Maine Foods, Inc</u>	Latitude: <u>32 19 53 N</u> Longitude: <u>90 38 09 W</u>
Mailing Address: <u>P.O. Box 168</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <u>18</u>
<u>Edwards, Ms 39066</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> X, Survey-grade GPS _____
Telephone No. <u>(601) 852-4970</u>	SW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec <u>29</u> T <u>6N</u> R <u>4W</u>
	Distance Direction Nearest Town <u>1.2</u> Miles <u>West</u> of <u>Edwards</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 HP</u>
Date Pump Installed: <u>6-25-16</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-25-16</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): <u>N.A.</u>
Pumping Water Level (B): <u>N.A.</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>N.A.</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>30</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Arnold Fincher Sr 0598 Arnold Fincher
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

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