

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 39226
 (601)961-5210
 (601)961-5228 (fax)

County: Hinds
 Permit #: 4" well #2
 Driller: Water Well Services
 Date drilling completed: 6-29-16

For Office Use Only:
 Aquifer: _____
 Well #: D 78
 L. S. Elevation: _____
 E-log #: _____

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 (Landowner if borehole is not for a water well) Owner Name: <u>Cal-Marne Foods, Inc</u> Mailing Address: <u>P.O. Box 168</u> <u>Edwards, Ms 39066</u> City State Zip Code Telephone No. <u>(601) 852-4970</u>		Well or Borehole Location Latitude: <u>32.19.55</u> Longitude: <u>90.38.09</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 32W Sec 29 Twn 1N Rng 4W</u> Distance Direction Nearest Town Miles of _____
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Well / Borehole Data
 Date drilling started: 6-10-16 Date drilling completed: 6-29-16 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 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*

D 75

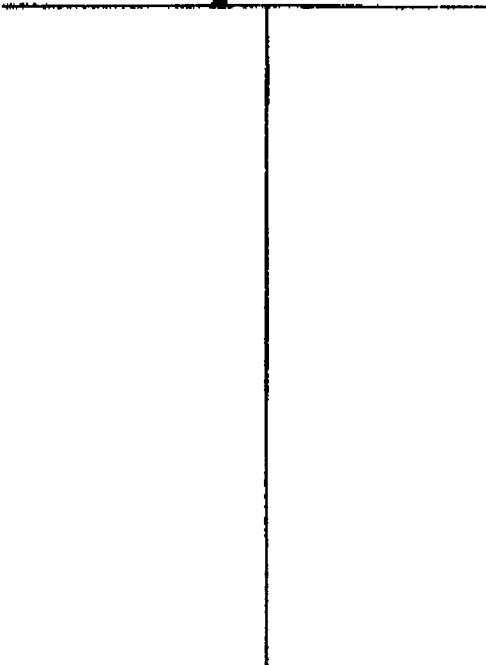
The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch

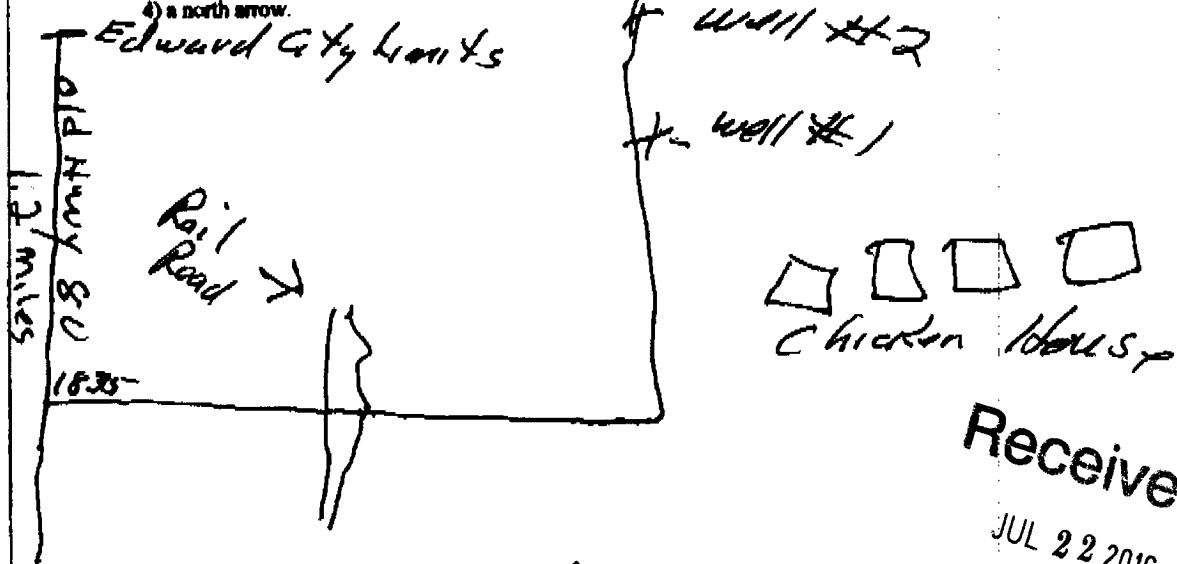
Ground Level

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Red Sand	0	20
clay	20	90
Rock	90	130
clay	130	150
sand	150	250
clay	250	275



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) a north arrow.



Landowner Name: Cal-Maine Foods, Inc

Received
JUL 22 2016
By OLWR

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

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Arnold Fincher Sr 0598 7.18.16
Print Name of Responsible Licensee and License No. Date

Arnold Fincher Sr
Signature of Licensee

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: Madison
 Permit #: 4" well #2
 Driller: Water Well Services
 Date completed: 6-29-16
 Copy information from block on Part 1

For Office Use Only
 Aquifer: _____
 Well #: D. 18
 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>Cul-Maine Food, Inc</u>	Latitude: <u>32 19 55^N</u>	Longitude: <u>90 38 09</u>	
Mailing Address: <u>P.O. Box 168</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____		
<u>Edwards, Ms 39066</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____		
City State Zip Code	<u>1/4</u> _____ <u>1/4</u> Sec <u>29</u> T <u>6N</u> R <u>4W</u>		
Telephone No. <u>601, 852-4970</u>	Distance <u>1.2</u> Miles	Direction <u>Edwards west</u>	Nearest Town <u>Edwards</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	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

Date Well Tested: 6-25-16

Static Water Level (A): 40 Feet Below Land Surface

Pumping Water Level (B): N.A. Feet Below Land Surface

Drawdown [(B) - (A)]: N.A. Feet Below Land Surface

Test Pumping Rate: 30 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 12 hours

**Method of Measuring Water Level
Circle one**

Air Line Electric Measuring Line Steel Tape

Other (specify): N.A.

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

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

Arnold Fincher Sr Signature of Pump Installer

Form: OLWR-SWR-18 (04/08)

Received
 JUL 22 2016
 BY OLWR