

### 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  
(801)961-5210  
(601)961-5228 (fax)

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

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: D-79  
 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.

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well) Owner Name: <u>Cal-Maine 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>		<b>Well or Borehole Location</b> Latitude: <u>32.19.55<sup>N</sup></u> Longitude: <u>90.38.09<sup>W</sup></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>NE 1/4 SW 1/4 Sec 29 Twp 16N Rng 4W</u> Distance Direction Nearest Town <u>1.2 Miles WMSY of Edwards, MS</u>	
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**Well / Borehole Data**

Date drilling started: 6-5-16 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): TEACU

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 tap pipe or reduction in casing: \_\_\_\_\_ feet *If telescoped or more than one screen, describe on next page.*

Received  
JUL 22 2016  
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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 #: N19  
 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 55 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 _____		
<u>Edwards, Ms 39066</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
City State Zip Code	1/4 1/4 Sec <u>29 T 6N R 4W</u>		
Telephone No. <u>(601) 852-4970</u>	Distance: <u>1.2</u> Miles	Direction: <u>West</u>	Nearest Town: <u>Edwards</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<input checked="" type="radio"/> Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<input checked="" type="radio"/> Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>5 HP</u>		
Date Pump Installed: _____			Setting Depth: <u>160</u> feet		
Rated Pump Capacity: _____ 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>	Static Water Level (A): <u>40</u> Feet Below Land Surface	Air Line	Electric Measuring Line
Pumping Water Level (B): <u>N.A.</u> Feet Below Land Surface	Drawdown (B) - (A): <u>N.A.</u> Feet Below Land Surface	Other (specify): <u>N.A.</u>	
Test Pumping Rate: <u>30</u> Gallons Per Minute	Duration of Pump Test (minimum 4 hours): <u>12</u> hours	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      Arnold Fincher  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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