

County: HINDS
 Permit #: 6W-16215
 Driller: LAYNE-CENTRAL
 Date Drilling Completed: 7/6/05

Well Driller Report and Well Log
 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-87
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>CAL-MAINE FOODS, INC.</u>	Latitude: <u>32 ° 17 ' 29N "</u> Longitude: <u>90 ° 34 ' 34W "</u>
Mailing Address: <u>PO BOX 168</u>	Method of Lat/Long (circle one): <u>Hand-Held GPS.</u> Conventional Survey
<u>EDWARDS</u> <u>MS</u> <u>39066</u>	USGS quad, <u>NW SE SW NE</u> ¼ ¼ Sec <u>11</u> Twn <u>5N</u> Rng <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>601</u>) <u>852-2015</u>	<u>6</u> Miles <u>SOUTH</u> of <u>EDWARDS</u>

Well Data

Purpose of Well (Check one): Home ___ Industrial Public Supply ___ Irrigation ___ Fish Culture ___ Other: ___

Date well drilling started: 4/19/05 Date well drilling completed: 7/6/05

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

Static Water Level: 95.5 feet above or below (circle one) land surface Date Measured: 6/28/05

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

Hole depth: 1695' F818 Well depth: 1695' Well grouted to a depth of: 1630 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1630 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 60 feet Screen diameter: 8 inches Type of screen: STAINLESS STEEL

Screen slot size: 0.030 inches Setting depth: From 1635 feet to 1690 1695 feet

Type of completion (circle all applicable): Gravel Packed Underreamed Telescoped Open Hole Natural Development

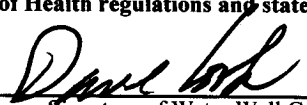
Other (describe): ___

Top of lap pipe or reduction in casing: 1545 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): MISSISSIPPI OFFICE OF GEOLOGY

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

DAVE COOK 692
 Print Name of Water Well Contractor and License No. 
Signature of Water Well Contractor

RECEIVED
 AUG 23 2005
 BY: OLWR

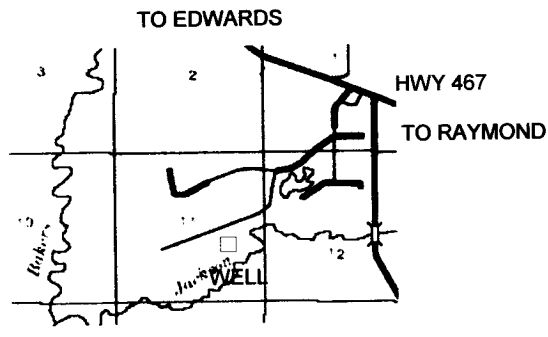
J-87

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	2
SANDY CLAY & GRAVEL	2	35
ROCK	35	39
FINE SAND & LIME STREAKS	39	100
CLAY & SAND STREAKS	100	125
SAND & CLAY & LIGNITE	125	200
SANDY CLAY	200	400
BLUE CLAY	400	700
HARD SHALE & CLAY	700	800
SOFT BLUE CLAY	800	860
HARD SHALE	860	900
SAND & LIGNITE	900	1020
SANDY CLAY & SHALE	1020	1250
ROCK	1250	1251
CLAY & ROCK STREAKS	1251	1411
SANDY CLAY	1411	1440
SAND & SHALE STREAKS	1440	1505
SANDY CLAY & LIGNITE	1505	1571
SAND & CLAY STREAKS	1571	1620
SAND	1620	1818

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) indicate direction.



Landowner's Name: CAL-MAINE FOODS, INC.

NOT TO SCALE

Dave Cook

Signature of Water Well Contractor

County: HINDS
 Permit #: GW 16215
 Driller: LAYNE-CENTRAL
 Date Drilling Completed: 7/6/05

Well Driller Report and Well Log
 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-87
 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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>CAL-MAINE FOODS, INC.</u>	Latitude: <u>32 ° 17 ' 29N "</u> Longitude: <u>90 ° 34 ' 34W "</u>
Mailing Address: <u>PO BOX 168</u>	Method of Lat/Long (circle one): <u>Hand-Held GPS.</u> Conventional Survey
<u>EDWARDS</u> MS <u>39066</u>	USGS quad, <u>Hand-Held GPS.</u> Survey-grade GPS
City State Zip Code	<u>NW</u> <u>SW</u> <u>SE</u> <u>NE</u> <u>1/4</u> <u>1/4</u> Sec <u>11</u> Twn <u>5N</u> Rng <u>4W</u>
Telephone No. (<u>601</u>) <u>852-2015</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>SOUTH</u> of <u>EDWARDS</u>

Well Data

Purpose of Well (Check one): Home ___ Industrial Public Supply ___ Irrigation ___ Fish Culture ___ Other: ___

Date well drilling started: 4/19/05 Date well drilling completed: 7/6/05

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

Static Water Level: 95.5 feet ~~at~~ below (circle one) land surface Date Measured: 6/28/05

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

Hole depth: ~~1695~~ 1818 Well depth: 1695' Well grouted to a depth of: 1630 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1630 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 60 feet Screen diameter: 8 inches Type of screen: STAINLESS STEEL

Screen slot size: 0.030 inches Setting depth: From 1635 feet to ~~1695~~ 1695 feet

Type of completion (circle all applicable): Gravel Packed Underreamed Telescoped Open Hole Natural Development

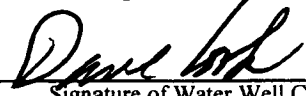
Other (describe): ___

Top of lap pipe or reduction in casing: 1545 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): MISSISSIPPI OFFICE OF GEOLOGY

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

DAVE COOK 692 
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
 AUG 23 2005
 BY: OLWR

State Well Report

County: HINDS

Permit #: 6W16215

Driller: LAYNE-CENTRAL

Date Completed: 7/6/05

Part 2
Pump Installer's Completion Report
 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-87

Elevation: _____

This part of the report must be completed by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name <u>CAL-MAINE FOODS, INC.</u>	Latitude: <u>32 ° 17 ' 29N "</u> Longitude: <u>90 ° 34 ' 34W "</u>
Mailing Address: <u>PO BOX 168</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>EDWARDS</u> <u>MS</u> <u>39066</u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SW</u> ¼ <u>NE</u> ¼ Sec <u>11</u> T <u>5N</u> R <u>4W</u>
Telephone No. (<u>601</u>) <u>852-2015</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>SOUTH</u> of <u>EDWARDS</u>

Pump Type	Power Type
Circle One	Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____ <u>60 HP</u>
Date Pump Installed: <u>SEPTEMBER 2005</u>	Setting Depth: _____ <u>180</u> feet
Rated Pump Capacity <u>AT 70 PSI 548</u> Gallons Per Minute	Number of Stages: _____ <u>9</u>

Pump Test Data	Method of Measuring Water Level
	Circle One
Date Well Tested: <u>11/17/05</u>	Air Line <input checked="" type="checkbox"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>101.0</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>134.7</u> Feet Below Land Surface	
Drawdown [(B) - (A)]: <u>33.7</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ <u>N/A</u> feet
Test Pumping Rate: <u>548</u> Gallons Per Minute	Well yielded _____ <u>548</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>33.7</u> feet after _____ <u>4</u> hours of pumping

I hereby certify that the above statements are true to the best of my knowledge.

DAVE COOK 692
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

RECEIVED
 FEB 06 2006
 BY: OLWR