

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 #: B-100
L. S. Elevation: _____
E-log #: _____

County: JONES
Permit #: MS GW16349
Driller: THOMPSON BROTHERS DRILL, INC.
Date drilling completed: 11/1/06

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: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>P.O. BOX 988</u>	SE 1/4 SW 1/4 Sec <u>25</u> Twn <u>9N</u> Rng <u>12W</u>		
<u>LAUREL MS</u>	Distance _____ Miles	Direction <u>NW</u>	Nearest Town <u>LAUREL</u>
<u>39440</u>	City _____ State _____ Zip Code _____		
Telephone No. <u>(601) 425-2225</u>	Well Data		
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____			
Date well drilling started: <u>10/31/06</u> Date well drilling completed: <u>11/1/06</u>			
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>65</u> feet above or below (circle one) land surface Date measured: <u>11/1/06</u>			
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____			
Hole depth: <u>155</u> Well depth: <u>148</u> Well grouted to a depth of <u>20</u> feet			
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>128</u> feet Casing diameter: <u>6</u> inches Type of casing: <u>P.V.C.</u>			
Screen length: <u>20</u> feet Screen diameter: <u>6</u> inches Type of screen: <u>P.V.C. SLOTTED</u>			
Screen slot size: <u>.010</u> inches Setting depth: From <u>128</u> feet to <u>148</u> feet			
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>			
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 <u>Gamma Ray</u> Density Sonic Neutron Other: _____			
Name of organization running log(s): <u>STATE</u>			
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.			
THOMPSON BROTHERS DRILLING, INC.		J.P. Thompson	
Print Name of Water Well Contractor and License No. <u>0-624</u>		Signature of Water Well Contractor	

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Jones
 Permit #: MSGW16349
 Driller: Pat Thompson
 Date completed: 11-1-06

For Office Use Only:

Aquifer: _____
 Well #: B-100
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Sanderson Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 988</u> <u>Laurel MS 39440</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>25</u> Twn <u>9N</u> Rng <u>12W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ <u>1</u> Miles <u>NW</u> of <u>Laurel</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>11-16-06</u> Rated Pump Capacity: <u>80</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>10</u> Setting Depth: <u>105</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-1-06</u>	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>65</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>86</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Drawdown [(B) - (A)]: <u>21</u> Feet Below Land Surface	<u>29</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>100</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

John W Thompson 0-679
 Print Name of Pump Installer and License No. (if applicable)

John W Thompson
 Signature of Pump Installer

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