

County: Bolivar
 Permit #: GW-44538 (GW-06661)
 Driller: Cook Dalg. Co., Inc.
 Date drilling completed: 2-13-11

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 #: L278
 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)	Well or Borehole Location
Owner Name: <u>Yeager Farms Inc.</u>	Latitude: <u>33-41-36.7</u> Longitude: <u>90-49-98.7</u>
Mailing Address: <u>1730 Hwy 446</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>Barda</u> State: <u>MS</u> Zip Code: <u>38730</u>	USGS quad, Hand-held GPS. Survey-grade GPS
Telephone No. () _____	<u>NE 1/4 SE 1/4 Sec 35 Twn 22N Rng 6W</u>
	Distance: <u>4</u> Miles Direction: <u>SW</u> of Nearest Town: <u>5 Keen MS</u>

Well / Borehole Data

Date drilling started: 2/13/11 Date drilling completed: 2/13/11 Hole depth: 120ft Hole diameter: 10

Location of the source of any surface water used for drilling: _____
 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): _____

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: _____

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

Static Water Level: 42ft feet above or below (circle one) land surface Date measured: _____

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 10 inches Type of casing: PVC

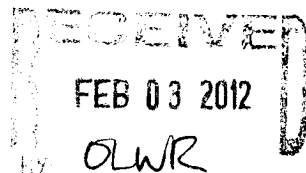
Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 80 feet to 120 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)



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: Bellevue
 Permit #: GW-44538 (GW-06661)
 Driller: Cook Drilling Co., Inc.
 Date completed: 2-14-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L278
 Elevation: _____

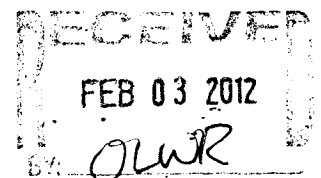
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Yeager Farms Inc.</u> Mailing Address: <u>1730 Hwy 446</u> <u>Bayle</u> MS. <u>38730</u> <small>City State Zip Code</small> Telephone No. () _____	Latitude: <u>33-41-367</u> Longitude: <u>90-49-981</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>NE 1/4 SE 1/4 Sec 35 T22N R6W</u> Distance _____ Direction _____ Nearest Town _____ <u>4 Miles SW of Skelly MR</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>2/14/11</u> Rated Pump Capacity: <u>600</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>15</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>42 ft</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____ 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.
Callen Williams #289 Call Williams
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer
 Form: OLWR-SWR-1B (04/08)





Stoneville, MS 38776
Tel.: (662) 686-7712
Fax: (662) 686-9078
www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

L278

August 31, 2010

Yeager Farms Inc.
1730 Hwy 446
Boyle MS 38730

RE: Well Drilling / Authorization

Permit No: GW-44538 (Replacement Well for GW-06661)

Dear Yeager Farms Inc.:

This letter is to authorize the construction of a new well that is to be drilled in the Mississippi River Valley Alluvial Aquifer. Your application has been received and is currently being processed. The intended well location for you application is:

Location: NE1/4 of the SE1/4 Section 35 Township-22N_Range_06W-County -Bolivar

A copy of this notice or permit **must be attached to the State Well Report** that is submitted by your driller. This report is a requirement of the State Well Drillers Regulation. A copy of this report **must** be mail or faxed to YMD Joint Water Management District.

Please be sure to complete the application process. **This is a temporary notice until you receive your permit.** If you have any questions please call our office at 662/686-7712.

Sincerely,

Dillard Melton Jr.
Permitting Director

FEB 03 2012

OLWR