

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 #: P-175
L. S. Elevation: _____
E-log #: _____

County: Bolivar
Permit #: _____
Driller: Cook Drilling Co. Inc.
Date drilling completed: July 10-07

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>Yeager Zarnes Inc.</u>	Latitude: <u>33° 39' 6.16"</u> Longitude: <u>90° 49' 28.2"</u>
Mailing Address: <u>1579 Hwy 446W</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Boyle MS. 38730</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4 NE 1/4 Sec 21 Twn 21N Rng 6W</u>
Telephone No: <u>(662) 843-3201</u>	Distance: <u>4</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Skene MS</u>

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: July 10-07 Date well drilling completed: July 10 07

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: July 11

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

Hole depth: 140 Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 16" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 100 feet to 140 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____

Top of lap pipe 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 Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that this 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.

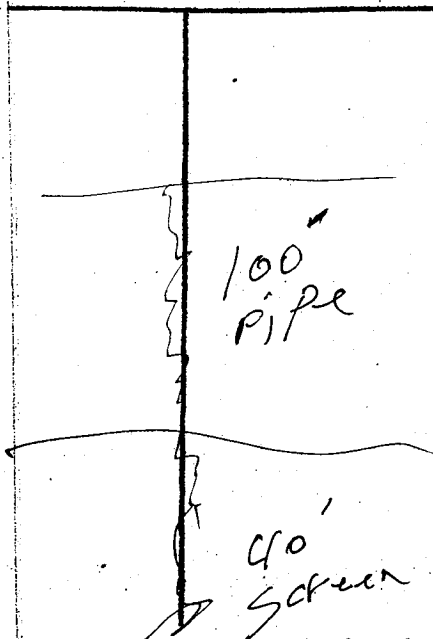
Cook Drilling Co. Inc.
Print Name of Driller or Well Contractor and License No. 289

Kelley Cook
Signature of Water Well Contractor

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P-175

Ground level



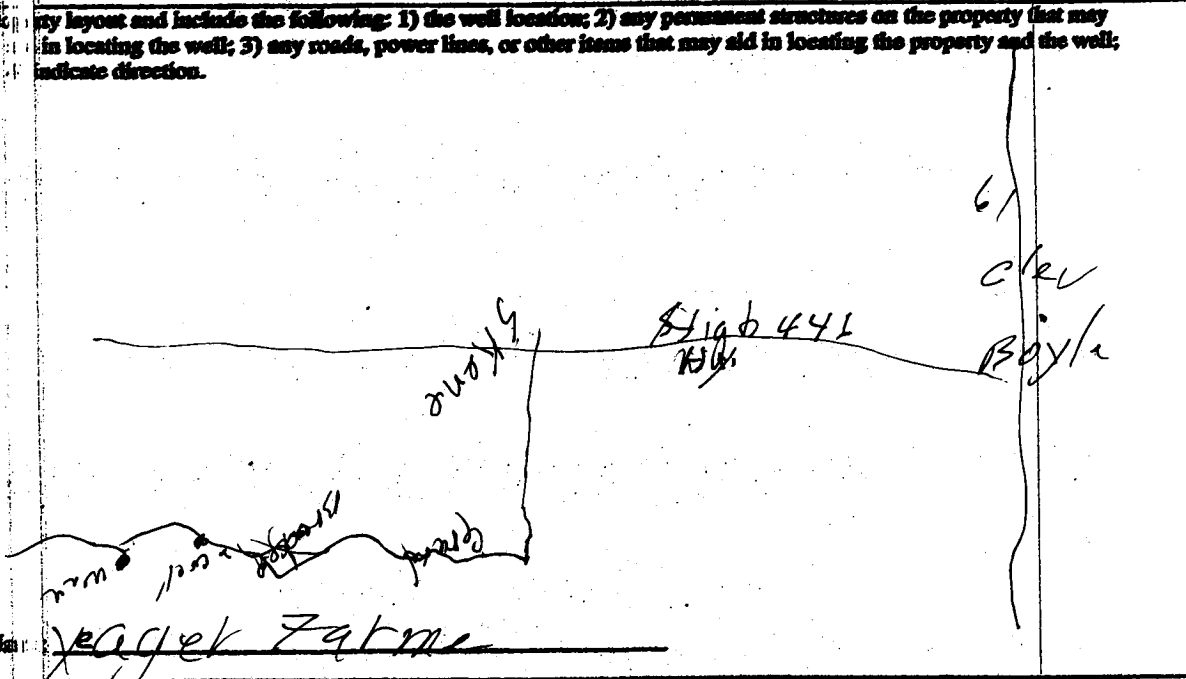
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	Top	40
Sand	40	90
Sand & gravel	90	140

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; indicate direction.



Landowner Name: Landscape Farm

[Signature]
 Signature: Water Well Contractor

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STATE WELL RETURN

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 #: P-175

Elevation: _____

County: Bolivar
 Permit #: _____
 Driller: Cook Drilling Inc. C.A.
 Date completed: July 4-07

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 Owner Name: <u>YAGER Farm INC</u> Mailing Address: <u>1579 Hwy 446 W</u> <u>Boyle MS 38730</u> City State Zip Code Telephone No: <u>662 843-3201</u>		Well Location Latitude: <u>33-39-16</u> Longitude: <u>90-49-38</u> <u>31 17</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 NE 1/4 Sec 21 Twn 21N Rng 6W</u> Distance Direction Nearest Town <u>5 Miles SW of Skene MS</u>	
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Air Lift Bucket Centrifugal Other (specify): _____ Date Pump Installed: <u>July 1 07</u> Rated Pump Capacity: <u>1400</u> Gallons Per Minute	Pump Type Circle one Jet Submersible Piston <u>Turbine</u> Rotary Flowing Well	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>30</u> Seating Depth: <u>60</u> feet Number of Stages: <u>2</u>
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Pump Test Data Date Well Tested: _____ Static Water Level (A): <u>40</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	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured static head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Cook Drilling Inc. 289
 Print Name of Pump Installer and License No. (if applicable) Silber Pool
 Signature of Pump Installer

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