

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)

County: Bolivar
 Permit #: GW43418
 Driller: COOK Drilling Co., Inc.
 Date drilling completed: 4-14-09

For Office Use Only:

Aquifer: _____
 Well #: PIE6
 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.

Well Owner Information	Well Location
Owner Name: <u>Yeager Farms Inc.</u>	Latitude: <u>33° 41' 45"</u> Longitude: <u>90° 52' 00"</u>
Mailing Address: <u>1579 Hwy 46W</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>Bolivar, MS 38730</u>	<u>SE 14 NE 6 Sec 5 Twn 14 N Rg 6 W</u>
Telephone No: <u>662) 843-3201</u>	Distance <u>5</u> Miles Direction <u>W</u> of Nearest Town <u>Green MS</u>

Well Data

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

Date well drilled started: 4-14-09 Date well drilling completed: 4-14-09

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

Static Water Level: 38 feet above or below (circle one) land surface Date measured: 4-25-09

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 50 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 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 Well Contractor and License No. 789

[Signature]
 Signature of Water Well Contractor

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1944

1945

1946

1947

SHALLOW 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)961-3210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: PIEC
 Elevation: _____

County: Bolivar
 Permit #: _____
 Driller: COOK Drilling Co. Inc.
 Date completed: 4-15-09

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>Yeager Farms Inc.</u>	Latitude:	<u>33.41765</u> Longitude: <u>90.59-283</u>
Mailing Address:	<u>1579 Hwy 446 W</u>	Method of Lat/Long (circle one):	<u>Conventional Survey</u>
	<u>Bayle MS. 38730</u>		USGS quad, Hand-held GPS, Survey-grade GPS
City	State	Zip Code	<u>SE 1/4 NE 1/4 Sec 5 Twn 21N Rng 6W</u>
Telephone No.	<u>(62) 843-3201</u>	Distance	Direction
		<u>3 Miles</u>	<u>W</u> of <u>SEcan MA</u>

	Pump Type Circle one	Power Type Circle one		
	Air Lift	Jet <u>Submersible</u>	<u>Diesel Engine</u>	Gasoline Engine
Bucket	Piston <u>Turbine</u>	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary <u>Flowing Well</u>	Windmill	Other (specify): _____	
Other (specify):	_____	Horse Power Rating of Motor: <u>40</u>		
Date Pump Installed:	_____	Setting Depth: <u>60</u> feet		
Rated Pump Capacity:	<u>1800</u> Gallons Per Minute	Number of Stages: <u>2</u> <u>12"</u>		

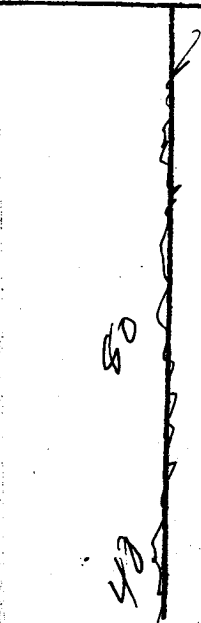
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <u>Electric Measuring Line</u> <u>Steel Tape</u>
Static Water Level (A): <u>38</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured static head: _____ feet
Drawdown (B) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

COOK Drilling Co., Inc. Sidney Cook
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Ground level



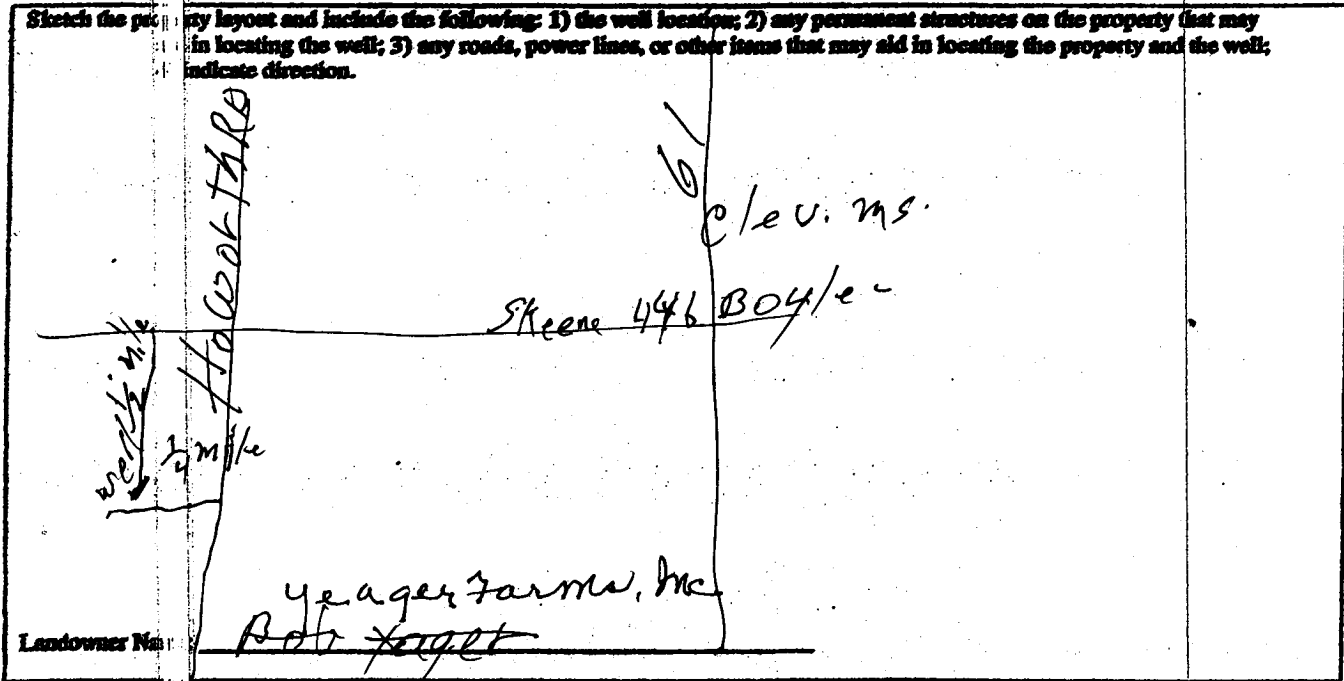
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	100	85
Sand	65	65
Sand & large gravel	65	120

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

Sibney Cook
 Signature of Well Contractor

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