

10/09/09

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 187
L. S. Elevation: _____
E-log #: _____

County: Bolivar
Permit #: GW43419
Driller: COOK DRILLING Co., Inc.
Date drilling completed: 4-10-09

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>Meager Farms, Inc.</u>	Latitude: <u>33.39.189"</u>	Longitude: <u>90.49.922"</u>	
Mailing Address: <u>1579 Hwy 446 W</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>USGS quad, Hand-held GPS, Survey-grade GPS</u>		
<u>Bayle MS 38730</u>	<u>SW 1/4 NW 1/4 Sec 21</u>	<u>Twn 31 N</u>	<u>Rng 6 W</u>
City State Zip Code	Distance <u>4</u> Miles	Direction <u>South</u> of	Nearest Town <u>SLATER MS</u>
Telephone No: <u>601-843-3201</u>			

Well Data

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

Date well drilling started: 4-10-09 Date well drilling completed: 4-10-09

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 4-11-09

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: 10" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10" 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.

Sidney Cook COOK DRILLING Co., Inc. Sidney Cook
Print Name of Well Contractor and License No. 289 Signature of Water Well Contractor

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MAY 28 2009

BY: OLWR

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

For Office Use Only:

Aquifer: _____

Well #: PI87

Elevation: _____

County: Bolivar

Permit #: _____

Driller: Cook Drilling Co., Inc.

Date completed: 4-11-09

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 Owner Name: <u>Yeager Farms, Inc.</u> Mailing Address: <u>1579 Hwy 446N</u> <u>Boyle MS 38730</u> City State Zip Code Telephone No. <u>662, 843-3201</u>		Well Location <u>90 49-972</u> Latitude: <u>33-39-184</u> Longitude: <u>90-49-972</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>S.W. 1/4 N.W. 1/4 Sec 21 Twn 21N Rng 6W</u> Distance Direction Nearest Town <u>4 Miles S.W. 1/4 of 5 Keen Inc.</u>	
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Air Lift Bucket Centrifugal Other (specify): _____ Date Pump Installed: <u>4-11-09</u> Rated Pump Capacity: <u>1100</u> Gallons Per Minute	Pump Type Circle one Jet <input type="checkbox"/> <u>Submersible</u> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Power Type Circle one 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>30</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>
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Pump Test Data Date Well Tested: _____ Static Water Level (A): <u>35</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> 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 Sidney Cook
 Print Name of Pump Installer and License No. (if applicable) 289 Sidney Cook
 Signature of Pump Installer

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 MAY 28 2009
 BY: OLW

