

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 #: P188
L. S. Elevation: _____
E-log #: _____

County: Bolivar
Permit #: GW43420
Driller: Cook Drilling Co. Inc.
Date drilling completed: 4-12-09

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>Boyle Farms, Inc.</u>	Latitude: <u>33° 39' 51.0"</u>	Longitude: <u>90° 46' 6.2"</u>	
Mailing Address: <u>1730 Hwy 446 W</u>	Method of Lat/Long (circle one): <u>Conventional survey</u>		
City: <u>Boyle MS</u>	State: <u>MS</u>	Zip Code: <u>38730</u>	
Telephone No.: <u>(601) 843-3201</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
	Distance: <u>4</u> Miles	Direction: <u>S</u>	Nearest Town: <u>Steele MS</u>

Well Data

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

Date well drilling started: 4-12-09 Date well drilling completed: 4-12-09

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 4-12-09

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 Underscreened Telescoped Open hole Natural Development
Other (describe): _____

Top of log 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. 289

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

For Office Use Only:

Aquifer: _____
 Well #: PI88
 Elevation: _____

County: Bolivar
 Permit #: _____
 Driller: COOK Drilling Co., Inc.
 Date completed: 4-12-09

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

Owner Name: <u>Boyer & Sons, Inc.</u> Mailing Address: <u>579 Hwy 446W</u> Telephone No.: <u>662, 843-3201</u>	Well Owner Information <u>Boyer & Sons, Inc.</u>	Well Location Latitude: <u>33-39-610</u> Longitude: <u>90-46-602</u> Method of Lat/Long (circle one): <u>Conventional survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec. 21 Twn 21 N Rng 6 W</u> Distance Direction Nearest Town <u>4 Miles S of SK 27 205</u>
	City State Zip Code <u>Boyle MS 38730</u>	

Pump 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>4-17-09</u> Rated Pump Capacity: <u>1100</u> Gallons Per Minute	Power Type Circle one Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: _____ 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"/> Steel Tape <input type="checkbox"/> Other (specify): _____ For flowing well, measured static in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
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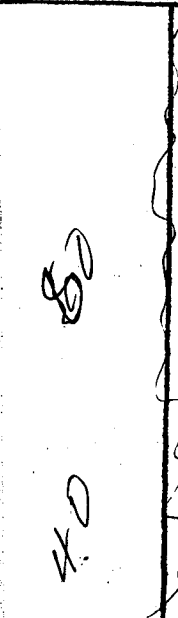
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Cook Drilling Co., Inc.
 Print Name of Pump Installer and License No. (if applicable) 289
Johnny Pool
 Signature of Pump Installer

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Handwritten text, possibly a signature or a name, consisting of several lines of cursive script.

Handwritten text at the bottom of the page, possibly a date or a reference number.

Ground level



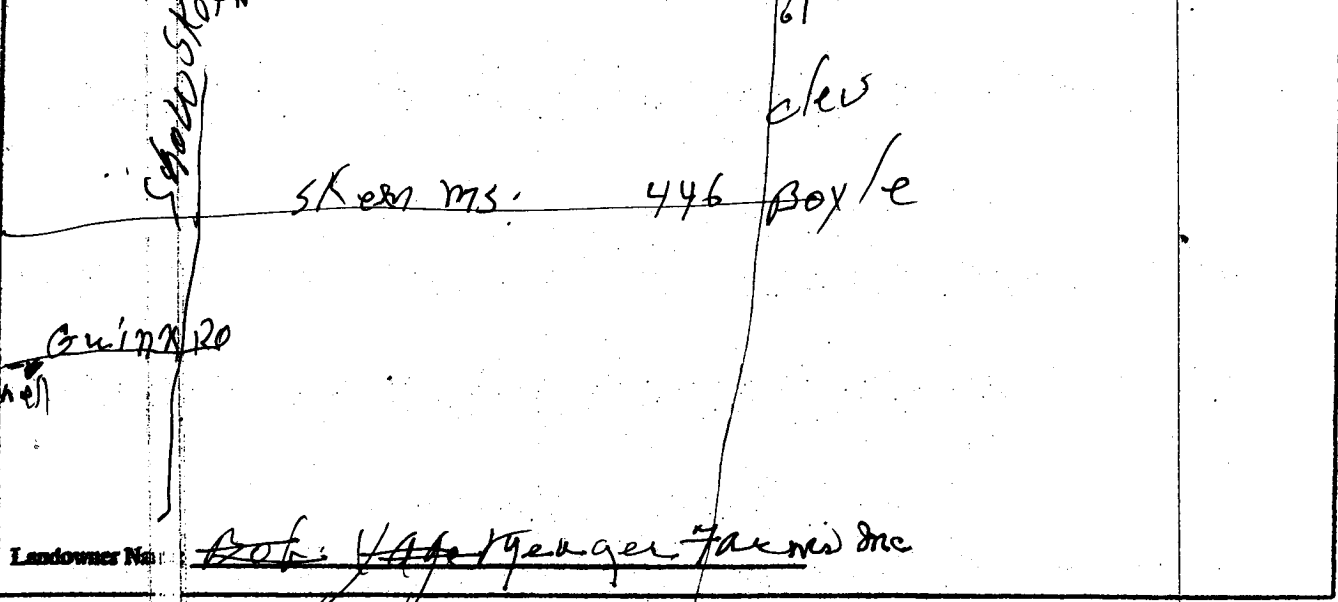
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
CLAY	40	60
fine sand	60	65
sand & gravel	60	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: Bob Yager Yager Farming Inc

[Signature]
 Signature: Water Well Contractor

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