

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 #: _____
 Driller: Cook Drilling Co. Inc.
 Date drilling completed: 6-20-09

For Office Use Only:

Aquifer: _____
 Well #: P191
 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>33.39.620</u> Longitude: <u>90.49.942</u>
Mailing Address: <u>1730 Hwy 446</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>Boyle</u> State: <u>Ms.</u> Zip Code: <u>38730</u>	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No: <u>662-843-7851</u>	NE <u>NE</u> Sec. <u>21</u> Twn <u>21N</u> Rng <u>6W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>W</u> of <u>Steen-MS</u>

Well Data

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

Date well drilling started: 6-20-09 Date well drilling completed: 6-20-09

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 6-20-09

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): Concrete 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 lay pipe production 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

[Signature]
 Signature of Water Well Contractor

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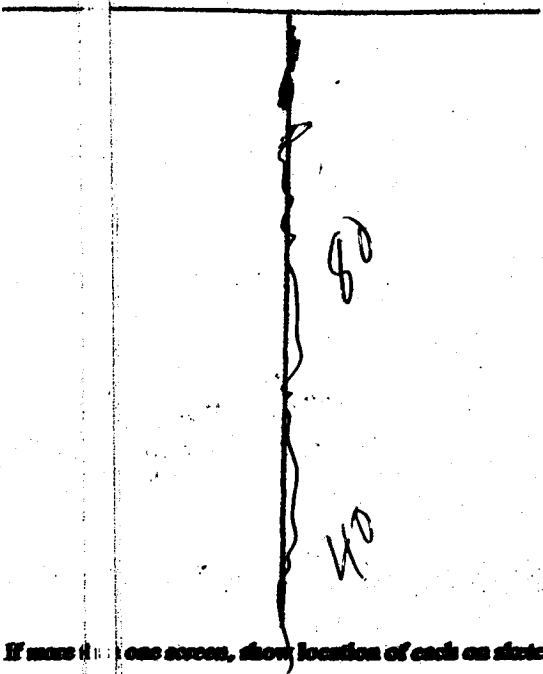
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Ground level



Description of Formations Encountered

From To

Description of Formations Encountered	From	To
CLAY	100	35
Hard sand	35	82
Sandstone	82	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 Yeager
~~Yeager~~ Bob Yeager

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

For Office Use Only:

Aquifer: _____
 Well #: P101
 Elevation: _____

County: Bolivar
 Permit #: 1
 Driller: Cook Drilling, Inc
 Date completed: 6-20-09

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>33-39-620</u>	Longitude: <u>90-49-242</u>	
Mailing Address: <u>1730 Hwy 446</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Boyle</u> MS. <u>38730</u>	<u>NE 1/4 NE 1/4 Sec 21 Twn 21 N Rng 6 W</u>		
City State Zip Code	Distance	Direction	Nearest Town
Telephone No. <u>662, 843-7851</u>	<u>2</u> Miles	<u>N</u> of <u>Shene</u>	

Air Lift	Pump Type Circle one		Power Type Circle one		
	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	<u>Turbine</u>	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____	Date Pump Installed: <u>6-20-09</u>		Horse Power Rating of Motor: _____		
Rated Pump Capacity: <u>2400</u> Gallons Per Minute	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: _____	Air Line	Electric Measuring Line	<u>Steel Tape</u>
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured slant in 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, Inc
 Print Name of Pump Installer and License No. (if applicable) 289
Shirley Cook
 Signature of Pump Installer

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