

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: Bolivar
Permit #: BW 43495
Driller: Cook Drilling Co., Inc.
Date drilling completed: 3-25-10

For Office Use Only:
Aquifer: P 197
Well #: _____
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Bob Yeager PTHP</u>	Latitude: <u>33°40'48.5"</u> Longitude: <u>90°50'42.8"</u>
Mailing Address: <u>1730 Hwy 446</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u>
<u>Boyle</u> <u>MS</u> <u>38730</u> City State Zip Code	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>662 843-7851</u>	NW: NE: Sec <u>17</u> Twn <u>21 N</u> Rng <u>6 W</u>
	Distance <u>5</u> Miles Direction <u>SE</u> of Nearest Town <u>St. Skene</u>
	<u>SW</u> <u>MS</u>
Well / Borehole Data	
Date drilling started: <u>3-25-10</u> Date drilling completed: <u>3-25-10</u> Hole depth: <u>120</u> Hole diameter: <u>26</u>	
Location of the source of any surface water used for drilling: <u>old irrigation ditch</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/>	
Seismic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> <u>Irrigation</u> <input checked="" type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>40</u> feet above or below (circle one) land surface Date measured: <u>3-25-10</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix _____	
Casing length: <u>80</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>0.50</u> inches Setting depth: From <u>80</u> feet to <u>120</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> <input checked="" type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A (04/08)

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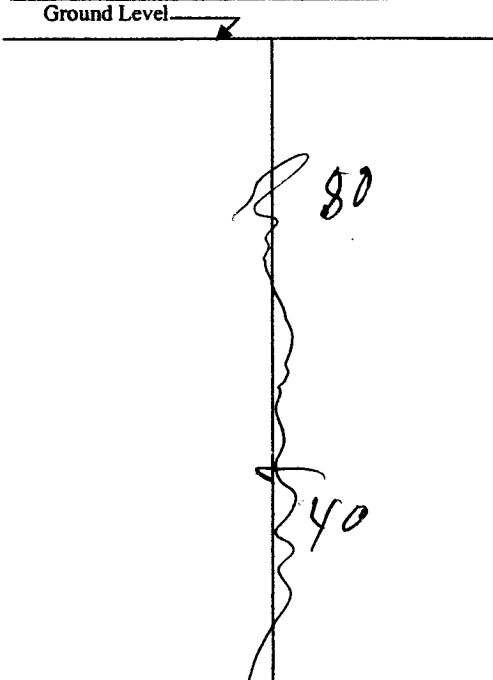
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The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	30
Red Sand	30	70
Sand & gravel	70	110

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; 4) a north arrow.

Landowner Name: Bob Yeager PTSH P

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

COOK DRILLING Co. Inc 289 4-20-10

Print Name of Responsible Licensee and License No. Date

Richard T. [Signature]

Signature of Licensee

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Handwritten signature or scribble

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Bolivar
 Permit #: BW 4395
 Driller: Cook Drilling Co. Inc.
 Date completed: 3-25-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: P197
 Well #: _____
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Bob Yeager PTSH P</u>	Latitude: <u>33-40-48²⁹</u> Longitude: <u>90-50-42²⁵</u>
Mailing Address: <u>1730 Hwy 446</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Boyle</u> <u>MS</u> <u>38730</u> City State Zip Code	<u>NW</u> ¼ <u>NE</u> ¼ Sec <u>17</u> T <u>21N</u> R <u>6W</u>
Telephone No. <u>(662) 843-7851</u>	Distance Direction Nearest Town <u>5</u> Miles <u>SW</u> of <u>Skene MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="radio"/> Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>3-28-10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1800</u> Gallons Per Minute	Number of Stages: <u>2</u> <u>10"</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut 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 Co. Inc. 289
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

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