

County: Bolivar
 Permit #: GW-44537 ✓
 Driller: Cook Drng. Co., Inc.
 Date drilling completed: 2-10-11

State Well Report
Part I - 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)

For Office Use Only:
 Aquifer: _____
 Well #: P220
 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>Yeager Farms Inc.</u> | Latitude: <u>33° 41' 38" N</u> Longitude: <u>90° 50' 28" W</u> |
| Mailing Address: <u>1730 Hwy 446</u> | Method of Lat/Long (circle one): Conventional Survey, <u>53</u> |
| <u>Boyle</u> <u>MS.</u> <u>38730</u> | USGS quad, Hand-held GPS. Survey-grade GPS |
| City State Zip Code | <u>SW</u> 1/4 <u>SW</u> 1/4 Sec <u>5</u> Twn <u>21N</u> Rng <u>6W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>5</u> Miles <u>SW</u> of <u>Green MS</u> |

Well / Borehole Data

Date drilling started: 2/10/11 Date drilling completed: 2/10/11 Hole depth: 120 ft Hole diameter: 26 in

Location of the source of any surface water used for drilling: nearby irrigation well

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 42 ft feet above or below (circle one) land surface Date measured: 2/10/11

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat 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: .050 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 or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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

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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 #: GW-44537
 Driller: Cook Drilling Co., Inc.
 Date completed: 2-11-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: P220
 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>Yeager Farms Inc.</u> Mailing Address: <u>1730 Hwy 446</u> <u>Boyle</u> <u>N3.</u> <u>38730</u> <small>City State Zip Code</small> | Latitude: <u>33 4138</u> Longitude: <u>90 50 889</u> Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/> USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>SW</u> \times <u>SW</u> $\frac{1}{4}$ Sec <u>5</u> <u>T21N</u> <u>R 6W</u> Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>SW</u> of <u>Keen</u> |
| Telephone No. () _____ | |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>2/11/11</u> Rated Pump Capacity: <u>1800</u> Gallons Per Minute | <u>Diesel Engine</u> <input checked="" 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: <u>40</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: _____ Static Water Level (A): <u>42 ft</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 | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Gallen Williams #289 Gall Will
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

FEB 03 2012
 BY: OLWR