

# 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)

County: Bolivar  
Permit #: GW-44539 (Gw-1347)  
Driller: Crab Dilling Co., Inc.  
Date drilling completed: 2-15-11

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: P235  
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Yeager Farms Inc.</u>	Latitude: <u>33-41-668</u> Longitude: <u>90-49-9668</u>
Mailing Address: <u>1730 Hwy 446</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Baugh</u> <u>Ms.</u> <u>38730</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE</u> <sup>OK</sup> <u>SE</u> $\frac{1}{4}$ Sec <u>5</u> Twn <u>21N</u> Rng <u>6W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2</u> Miles <u>E</u> of <u>Sherman</u>

Well / Borehole Data

Date drilling started: 2/15/11 Date drilling completed: 2/15/11 Hole depth: 120 ft Hole diameter: 26

Location of the source of any surface water used for drilling: \_\_\_\_\_  
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: \_\_\_\_\_

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

Well depth: 120 ft 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: Sullivan  
 Permit #: GW-47539 (GW13471)  
 Driller: Cook Debg. Co., Inc  
 Date completed: 2-16-11  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: P235  
 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>	Latitude: <u>33-47-668</u> Longitude: <u>90-429668</u>
Mailing Address: <u>1730 Hwy 446</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>Boyle</u> <u>Ms.</u> <u>38730</u>	<u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ Sec <u>5</u> T <u>21</u> N R <u>6</u> W
City State Zip Code	Distance _____ Direction _____ Nearest Town _____
Telephone No. ( ) _____	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>2/16/11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>1</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>42A</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.

Gallen Williams # 289      Gallen Williams  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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

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Dean A. Pennington, PhD  
Executive Director  
P. O. Box 129  
Stoneville, MS 38776  
Tel.: (662) 686-7712  
Fax: (662) 686-9078  
www.ymd.org

9/1/10

**Yazoo Mississippi Delta Joint Water Management District**

33-47-668  
41

90-49<sup>OK</sup> 9668  
7235

August 31, 2010

**Yeager Farms Inc.  
1730 Hwy 446  
Boyle MS 38730**

**RE: Well Drilling / Authorization**

**Permit No: GW-44539 (Replacement Well for GW-13471)**

Dear Yeager Farms Inc.:

This letter is to authorize the construction of a new well that is to be drilled in the Mississippi River Valley Alluvial Aquifer. Your application has been received and is currently being processed. The intended well location for you application is:

**Location: SE1/4 of the SE1/4 Section 05 Township-21N\_Range\_06W-County -Bolivar**

A copy of this notice or permit **must be attached to the State Well Report** that is submitted by your driller. This report is a requirement of the State Well Drillers Regulation. A copy of this report **must be mail or faxed to YMD Joint Water Management District.**

Please be sure to complete the application process. **This is a temporary notice until you receive your permit.** If you have any questions please call our office at 662/686-7712.

Sincerely,

Dillard Melton Jr.  
Permitting Director

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