

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Amite
Permit #: MS-GW-16687
Driller: Walker-Hill Environmental, Inc.
Date drilling completed: 10/23/09

For Office Use Only:
Aquifer: N164
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Plains Marketing, GP Inc.</u>	Latitude: <u>31° 10' 07"</u> Longitude: <u>90° 46' 29"</u>
Mailing Address: <u>333 Clay St., Suite 1600</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> Hand-held GPS, Survey-grade GPS
<u>Houston TX 77002</u> City State Zip Code	<u>SE 1/4 SW 1/4 Sec 3 Twn 2N Rng 4E</u>
Telephone No. <u>(713) 646-4100</u>	Distance Direction Nearest Town <u>2 Miles E of Liberty</u>

Well / Borehole Data

Date drilling started: 10/12/09 Date drilling completed: 10/23/09 Hole depth: 360' Hole diameter: 10"

Location of the source of any surface water used for drilling: Liberty Water Association

Method of dosing and volume of Chlorine used in drilling and development: 8 gal. of 5.25% Sodium hypochlorite

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

Name of organization running log(s): MS Bureau of Geology

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

Seismic Survey _____ Other (describe) Industrial Water Well

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: Industrial

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 10/20/09

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

Well depth: 353' Well grouted to a depth of 125 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 313 feet Casing diameter: 6 inches Type of casing: Carbon Steel

Screen length: 40 feet Screen diameter: 4 inches Type of screen: Stainless Steel

Screen slot size: .010 inches Setting depth: From 313 feet to 353 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**

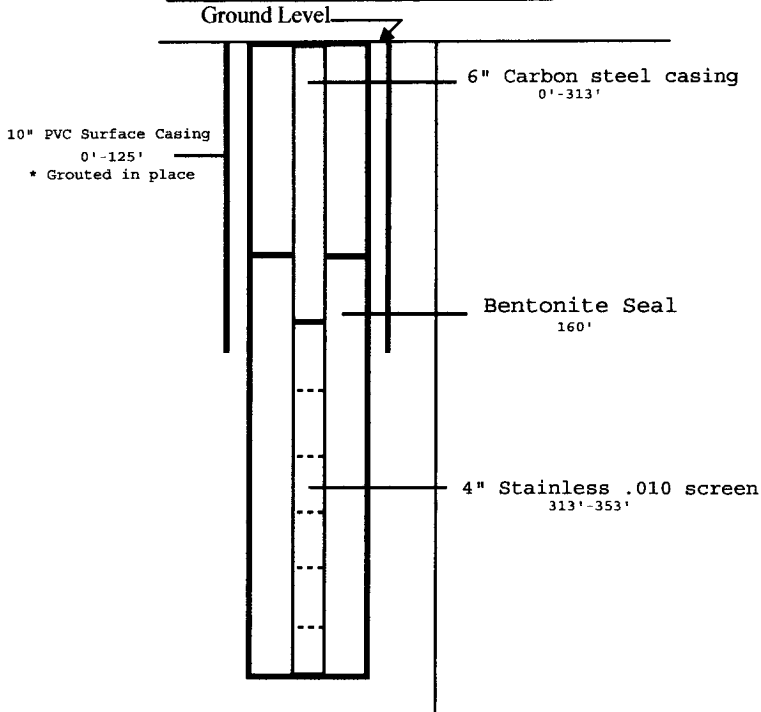
Form: OLWR-SWR-1A (04/08)

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N 164

The sketch below only required for water wells

If well telescopes, show depths on sketch.

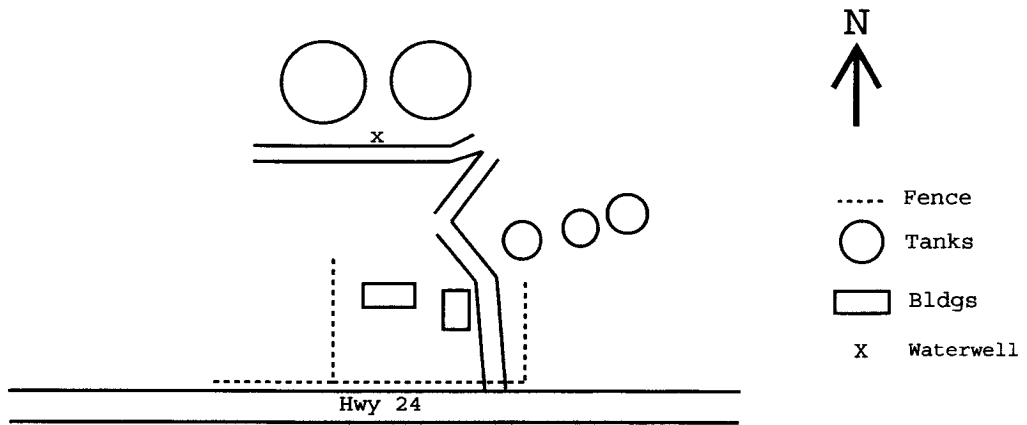


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay, gravel sand	Ground Level	20'
Sandy sand	20'	40'
Sand, gravel sand	40'	80'
Sand, pea gravel	80'	100'
Sand, pea gravel, streaked clay	100'	120'
Streaked sand	120'	140'
Sand, pea gravel	140'	160'
Streaked sand, little clay	160'	180'
Sand	180'	200'
Sand coarse	200'	220'
Sand coarse, pea gravel	220'	240'
Sand, pea gravel	240'	260'
Sand coarse	260'	280'
Sand, pea gravel, clay bottom	280'	300'
4 ft. clay sand to bottom	300'	320'
Sand coarse	320'	340'
Sand, pea gravel	340'	360'

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: Plains Marketing, GP Inc. - Plains # 1

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.

GARY P. Hill 0-578
 Print Name of Responsible Licensee and License No.

11-30-09
 Date

GPHill
 Signature of Licensee

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 BY OLWR

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: Amite
 Permit #: MS-GW-16687
 Driller: Walker-Hill Environmental
 Date completed: 10/23/09
Copy information from block on Part 1

For Office Use Only:

Aquifer: N164
 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>Plains Marketing, GP Inc.</u>	Latitude: <u>31°10'07" N</u> Longitude: <u>90°46'29" W</u>						
Mailing Address: <u>333 Clay St., Suite 1600</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> , USGS quad <u>x</u> , Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>						
<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><u>Houston</u></td> <td style="border: none;"><u>TX</u></td> <td style="border: none;"><u>77002</u></td> </tr> <tr> <td style="border: none;">City</td> <td style="border: none;">State</td> <td style="border: none;">Zip Code</td> </tr> </table>	<u>Houston</u>	<u>TX</u>	<u>77002</u>	City	State	Zip Code	<u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ Sec <u>3</u> T <u>2N</u> R <u>4E</u>
<u>Houston</u>	<u>TX</u>	<u>77002</u>					
City	State	Zip Code					
Telephone No. (<u>713</u>) <u>646-4100</u>	Distance <u>2</u> Miles <u>E</u> of <u>Liberty</u>						

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>10/20/09</u>	Setting Depth: <u>231</u> feet
Rated Pump Capacity: <u>200</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/20/09</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>200</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>110</u> Feet Below Land Surface	Well yielded <u>180</u> GPM with a drawdown of
Test Pumping Rate: <u>180</u> Gallons Per Minute	<u>110</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

GARY P. Hill 0-578 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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