

Cecil Williams River view

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)

For Office Use Only:

Aquifer: _____
Well #: B-64
L. S. Elevation: _____
E-log #: _____

COAHOMA

Well #: GW42106

Driller: J. NEWCOME

Date drilling completed: 7-27-07

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>TIERRA LAND MANAGEMENT</u>	Latitude: <u>34.21.07"</u>	Longitude: <u>090.34.29"</u>	
Mailing Address: <u>4563 EAST 3RD ST.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS		
<u>YUMA, AZ 85365</u>	SW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec <u>26</u> Twn <u>29N</u> Rng <u>4W</u>		
City State Zip Code	Distance <u>9.5</u> Miles	Direction <u>NW</u>	Nearest Town <u>CLARKSDALE</u>
Telephone No: <u>928-342-7300</u>			

Well Data

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

Date well drilling started: 7-27-07 Date well drilling completed: 7-27-07

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 103 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 16 inches Type of casing: Pvc

Screen length: 35 feet Screen diameter: 16 inches Type of screen: Pvc

Screen slot size: .050 inches Setting depth: From 0-75 feet to 90-100 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 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 the 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.

JOHN NEWCOME 0-773
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

42106

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)

For Office Use Only:

Aquifer: _____
Well #: B-64
L. S. Elevation: _____
E-log #: _____

County: COAHOMA
Permit #: GW42106
Driller: J. NEWCOME
Date drilling completed: 7-27-07

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>TIERRA LAND MANAGEMENT</u>	Latitude: <u>34° 21' 07"</u> Longitude: <u>90° 34' 29"</u>
Mailing Address: <u>4563 EAST 3RD ST.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>YUMA, AZ 85365</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 26 Twn 29N Rng 4W</u>
Telephone No. <u>928-342-7300</u>	Distance <u>9.5</u> Miles Direction <u>NW</u> of Nearest Town <u>CLARKSDALE</u>

Well Data

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

Date well drilling started: 7-27-07 Date well drilling completed: 7-27-07

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 103 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 16 inches Type of casing: Pvc

Screen length: 35 feet Screen diameter: 16 inches Type of screen: Pvc

Screen slot size: .050 inches Setting depth: From 50-75 feet to 90-100 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 back of page

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

Name of organization running log(s): _____

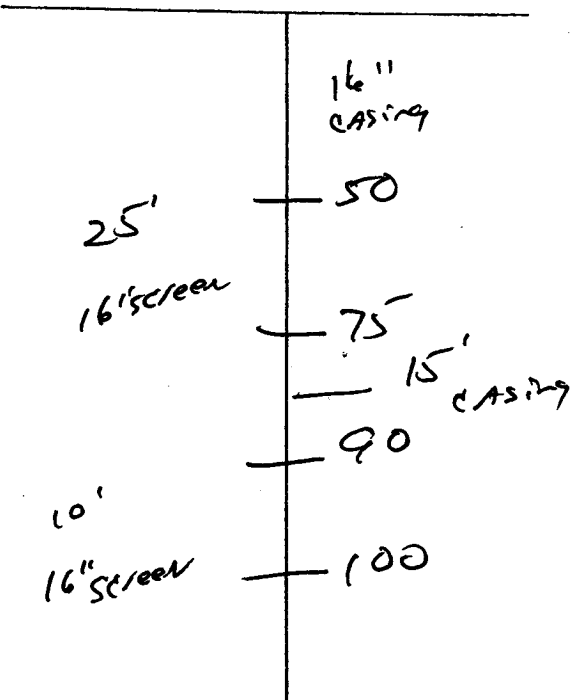
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JOHN NEWCOME 0-773 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

B-64

If well telescopes please sketch below and show depths.

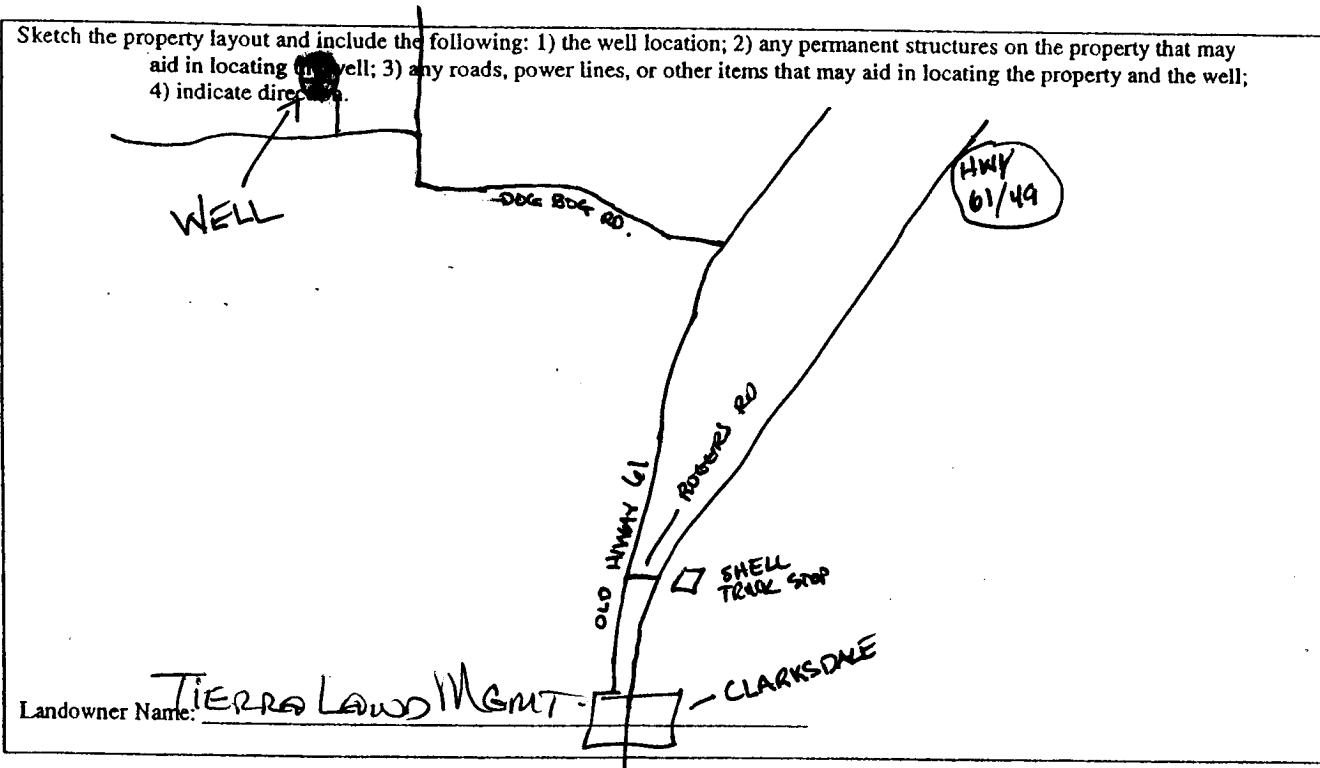
Ground Level



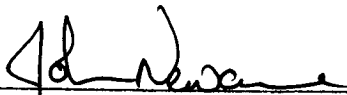
Description of Formations Encountered	From	To
TOP SOIL	0	10
MIX CLAY	10	40
Fine Sand	40	50
COARSE SAND	50	75
Fine Sand	75	90
COARSE SAND	90	100
Med. Fine Sand	100	103

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) indicate direction.



Landowner Name: TIERRA LAND MGMT.



 Signature of Water Well Contractor

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)961-5210
(601)354-6938 (fax)

For Office Use Only:
Aquifer: _____
Well #: B-64
Elevation: _____

County: COAHOMA
Permit #: 6W 42106
Driller: J. NEWCOME
Date completed: 7-27-07

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>TIERRA LAND MANAGEMENT</u>	Latitude: <u>34-21-07</u> Longitude: <u>090-34-29</u>
Mailing Address: <u>4563 EAST 3RD ST</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>YUMA, AZ. 85365</u> City State Zip Code	USGS quad: <u>SW 1/4 SE 1/4 Sec 26 T29N Rng 4W</u>
Telephone No. <u>928-342-7300</u>	Distance Direction Nearest Town <u>9.5</u> Miles <u>NW</u> of <u>CLARKSTAKE</u>

Pump Type Circle one	Power Type Circle one
<u>Pivot Pump</u>	<u>Diesel Engine</u>
Air Lift Jet Submersible	Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>8-5-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>650</u> Gallons Per Minute	Number of Stages: <u>2-STAGE 12IS</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<u>Electric Measuring Line</u>
Static Water Level (A): _____ Feet Below Land Surface	Air Line Steel Tape
Pumping Water Level (B): <u>No Test</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

RECEIVED
AUG 10 2007
BY: OLWR

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
GLEN ROWE # 710-P [Signature]
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer