

**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)

For Office Use Only:

Aquifer: D 59  
Well #: \_\_\_\_\_  
L.S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Coahoma  
Permit #: GW-45330  
Driller: Irrigation Equipment  
Date drilling completed: 02/27/2012

*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<br><i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location                                                                                                        |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Owner Name: <u>Tierra Management LLC</u>                                            | Latitude: <u>34 ° 17 ' 30 "</u> Longitude: <u>90 ° 42 ' 21 "</u>                                                                 |
| Mailing Address: <u>3220 Lakeside Village Dr.</u>                                   | Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,                                                    |
| <u>Prescott</u> <u>Az</u> <u>86301</u>                                              | <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| City State Zip code                                                                 | <u>SE</u> ¼ <u>NW</u> ¼ Sec <u>22</u> ✓ Twn <u>28N</u> ✓ Rng <u>5W</u> ✓                                                         |
| Telephone No. ( ) -                                                                 | Distance Direction Nearest Town                                                                                                  |
|                                                                                     | <u>3</u> Miles <u>West</u> of <u>Stovall</u>                                                                                     |

**Well / Borehole Data**

Date drilling started: 02/27/2012 Date drilling completed: 02/27/2012 Hole depth: 76 Hole diameter: 24"

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

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check 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 flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: \_\_\_\_\_ feet above or below (check one)  land  surface Date measured: \_\_\_\_\_

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

Well depth: 76 Well grouted to a depth of 10 feet Type of grout (check one):  Neat Cement  Bentonite  Mix

Casing length: 56 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 57 feet to 76 feet

Type of completion (check all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development

Other (describe): Circle S Irrigation will set pump

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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*The sketch below only required for water wells*

*If well telescopes, show depths on sketch.*

Ground level

*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                                  | Ground level | 32         |
| Fine Sand                             | 33           | 49         |
| Fine Sand & Gravel                    | 50           | 53         |
| Medium Sand & Gravel                  | 54           | 76         |
|                                       |              |            |
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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:     **Tierra Management LLC**    

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.

Patrick Chism/Irrigation Equipment 0695  
Print Name of Responsible Licensee and License No.

03/01/2012  
Date

[Signature]  
Signature of Licensee

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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: COAHOMA  
 Permit #: GW-45330  
 Driller: Irrigation Equipment  
 Date completed: 2-27-12  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: D 59  
 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>TERRA MANAGEMENT</u>          | Latitude: <u>34° 17' 31.76"</u> Longitude: <u>90° 42' 20.34"</u> |
| Mailing Address: <u>2921-B S. KISH AVE</u>   | Method of Lat/Long (check one): Conventional Survey _____        |
| <u>YUMA, AZ 85365</u><br>City State Zip Code | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____     |
| Telephone No. <u>(928) 342-7300</u>          | <u>NE 1/4 NW 1/4 Sec 22 T 28N R 5W</u>                           |
|                                              | Distance _____ Direction _____ Nearest Town _____                |
|                                              | <u>2 1/2</u> Miles <u>NW</u> of <u>FARRELL</u>                   |

| Pump Type<br>Circle one                             | Power Type<br>Circle one                              |
|-----------------------------------------------------|-------------------------------------------------------|
| Air Lift      Jet      Submersible                  | <u>Diesel Engine</u> 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>60</u>                |
| Date Pump Installed: <del>_____</del> <u>4-5-12</u> | Setting Depth: <u>60</u> feet                         |
| Rated Pump Capacity: <u>2200</u> Gallons Per Minute | Number of Stages: <u>2</u>                            |

| Pump Test Data                                         | Method of Measuring Water Level<br>Circle one                                     |
|--------------------------------------------------------|-----------------------------------------------------------------------------------|
| Date Well Tested: _____                                | Air Line      Electric Measuring Line      Steel Tape                             |
| Static Water Level (A): _____ 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.

DAVID P. HOLT 0-752P      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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

MAY 03 2012

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