

6w45329

County: Coahoma
 Permit #: CW-45753
 Driller: Irrigation Equipment
 Date drilling completed: 04/17/2012

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: _____
 Well #: D60
 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>Tierra Management LLC</u>	Latitude: <u>34 ° 18 ' 01 "</u> Longitude: <u>90 ° 42 ' 21 "</u>
Mailing Address: <u>2921 B South Kish Ave.</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Yuma</u> <u>Az</u> <u>65365</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>NE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ Sec <u>15</u> TwN <u>28N</u> Rng <u>5W</u>
Telephone No. () -	Distance Direction Nearest Town
	<u> </u> Miles <u>West</u> of <u>Stovall</u>
Well / Borehole Data	
Date drilling started: <u>04/17/2012</u> Date drilling completed: <u>04/17/2012</u> Hole depth: <u>80</u> Hole diameter: <u>24"</u>	
Location of the source of any surface water used for drilling: <u>Surface Water</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM</u>	
Logs run (check all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump	
<input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one) <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: _____ feet above or below (check one) <input type="checkbox"/> land <input type="checkbox"/> surface Date measured: _____	
Method of Measurement (check one) <input type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: _____	
Well depth: <u>80</u> Well grouted to a depth of <u>10</u> feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>60</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>SS</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>61</u> feet to <u>80</u> feet	
Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
<input checked="" type="checkbox"/> Other (describe): <u>Circle S Irrigation will set pump</u>	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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

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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: COAHOMA
Permit #: GW-45753-45329
Driller: Irrigation Equipment
Date completed: 4-17-2012
Copy information from block on Part 1

For Office Use Only:

Aquifer: D
Well #: D60
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

Owner Name: TIERRA MANAGEMENT
Mailing Address: 2921-B S. KISH AVE
Yuma, AZ 85365
City State Zip Code
Telephone No. (928) 342-7300

Well Location

Latitude: 34° 18' 3.37" Longitude: 90° 42' 20.03"
Method of Lat/Long (check one): Conventional Survey _____
USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
N 1/4 SW 1/4 Sec 15 T 28 N R 5 W
Distance Direction Nearest Town
3 Miles NW of FARRALL

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 4-20-12
Rated Pump Capacity: 2200 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 60
Setting Depth: 60 feet
Number of Stages: 2

Pump Test Data

Date Well Tested: _____
Static Water Level (A): _____ 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

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape
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.

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

[Signature]
Signature of Pump Installer

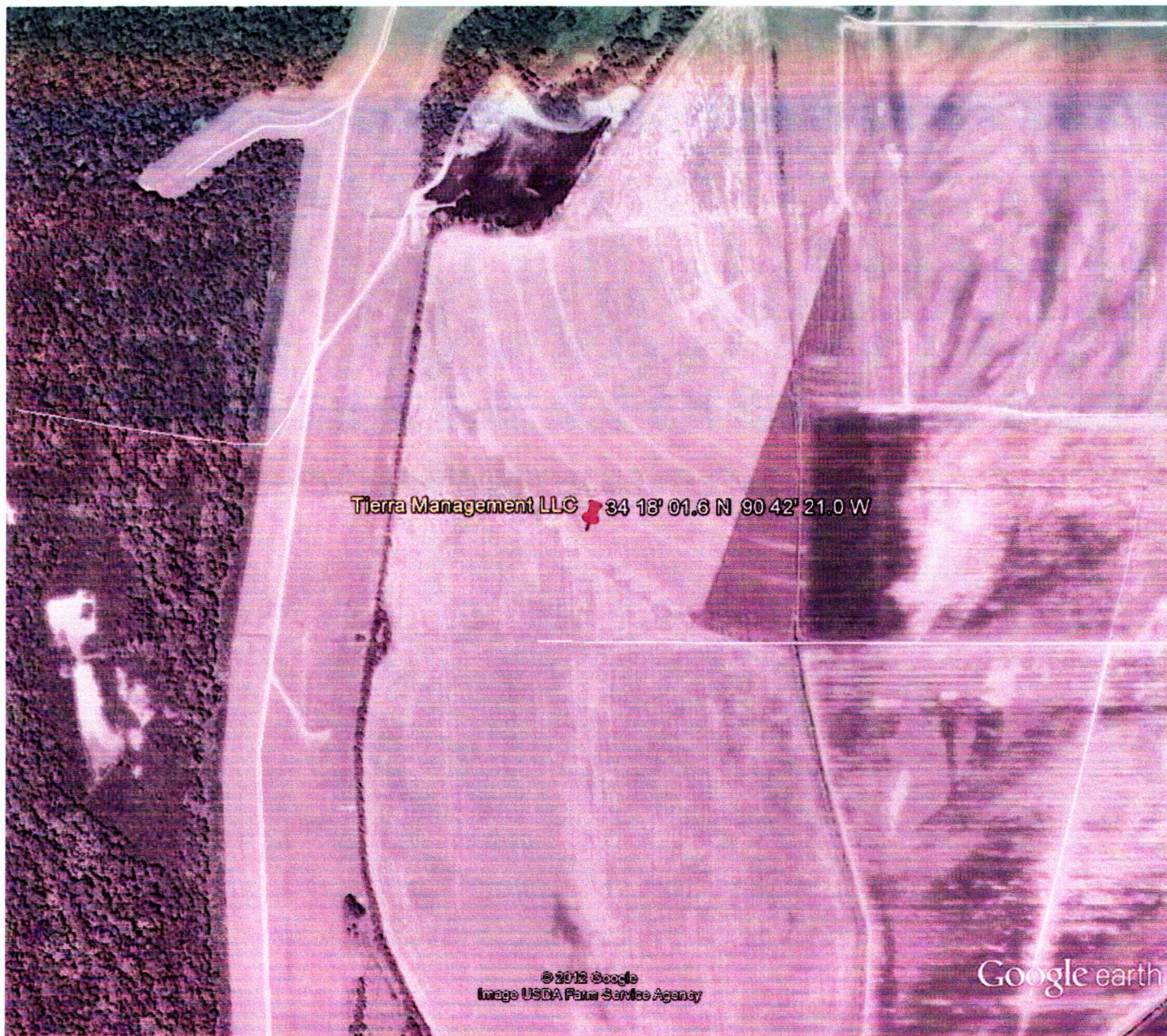
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MAY 03 2012

BY: OLWR

D60



Google earth

feet
meters

3000
900



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