

Job: 7434

For Office Use Only:

Aquifer: _____
Well #: E146
L. S. Elevation: _____
E-log #: _____

Well Driller Report and Well Log

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)

County: Cookama
Permit #: 6W 42104
Driller: Pete's Well Drilling
Date drilling completed: 8-15-07

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 Management Partners II LLC</u> | Latitude: <u>34° 18' 30"</u> | Longitude: <u>90° 42' 08.2"</u> | |
| Mailing Address: <u>4563 East 30th Place</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> USGS quad, <input checked="" type="radio"/> hand-held GPS, <input type="radio"/> Survey-grade GPS | | |
| <u>3220 Lakeside Village Dr</u> | 1/4 | 1/4 Sec | Twn |
| <u>Yuma AZ 85365</u> | | | Rng |
| Telephone No. <u>Prescott AZ 86301</u> | Distance <u>4</u> Miles | Direction <u>S</u> of | Nearest Town <u>Friers Point</u> |
| <u>(428) 342-7300</u> | | | |
| <u>445 0911</u> | | | |

Well Data

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

Date well drilling started: 8-15-07 Date well drilling completed: 8-15-07

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 8-15-07

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

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.32 inches Setting depth: From 60 feet to 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

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YMD JOINT WATER MANAGEMENT DISTRICT

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.
Pete's Well Drilling 0431
Print Name of Water Well Contractor and License No. Pete's Well Drilling
Signature of Water Well Contractor Pete's Well Drilling

If well telescopes please sketch below and show depths.
112104 Replace GW-13440

Job: 7434

County: Cochama
 Permit #: _____
 Driller: Pete's Well Drilling
 Date drilling completed: 8-15-07

Well Driller Report and Well Log

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 #: E-146
 L. S. Elevation: _____
 E-log #: _____

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 Management</u> | Latitude: <u>34° 18' 30"</u> Longitude: <u>90° 42' 08.2"</u> |
| Mailing Address: <u>4563 East 30th Place</u> | Method of Lat/Long (circle one): <u>18</u> Conventional Survey, <u>05</u> |
| <u>Yuma</u> <u>AZ</u> <u>85365</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>1/4</u> <u>1/4</u> Sec <u>15</u> Twn <u>28N</u> Rng <u>4W</u> |
| Telephone No. <u>(928) 342-7300</u> | Distance Direction Nearest Town <u>4</u> Miles <u>5</u> of <u>Friars Point</u> |

Well Data

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

Date well drilling started: 8-15-07 Date well drilling completed: 8-15-07

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 8-15-07

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

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.32 inches Setting depth: From 60 feet to 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.

Pete's Well Drilling 0431
 Print Name of Water Well Contractor and License No.

Pete's Well Drilling
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: _____
 Permit #: _____
 Driller: _____
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: E 146
 Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

| Well Owner Information | Well Location |
|---|---|
| Owner Name: _____ | Latitude: _____ Longitude: _____ |
| Mailing Address: _____ <div style="font-size: 2em; font-family: cursive; position: absolute; top: -20px; left: 50px; opacity: 0.5;"> Circle 5 Jan 12 Jan 12 </div> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code _____ | 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____ |
| Telephone No. () _____ | Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____ |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: _____ |
| Date Pump Installed: _____ | Setting Depth: _____ feet |
| Rated Pump Capacity: _____ Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level 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 _____ |
| Test Pumping Rate: _____ Gallons Per Minute | _____ feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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

Print Name of Pump Installer and License No. (if applicable) _____

Signature of Pump Installer _____

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SEP 14 2007

BY: OLWR

