

County: Leflore
 Permit #: GW44348
 Irrigation Equipment
 Date: 6-10-2010
 Date drilling completed: _____

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: J178
 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.

<p>Information on Well Owner <i>(Landowner if Borehole is not for a water well)</i> <u>Diamond H Properties</u> Owner Name: _____ Mailing Address: <u>Box 1526</u> <u>Marshall TX 75671</u> City State Zip Code <u>903-935-7072</u> Telephone No. () _____ Contact Person: <u>Mike Myers</u></p>	<p>Well or Borehole Location Latitude: <u>33.28 51.7N</u> Longitude: <u>90 24 09.2W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u>, <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> <u>NE</u> <u>SE</u> <u>1/4 Sec. 28</u> <u>Twn. 19N</u> <u>Rng. 2W</u> Distance Direction Nearest Town Miles of <u>Colony</u> <u>Town</u></p>
<p>Well / Borehole Data Date drilling started: <u>6-10-2010</u> Date drilling completed: <u>6-10-2010</u> Hole depth: <u>125</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 (circle all applicable): <u>(No log run)</u> <u>Electric</u> <u>Gamma Ray</u> <u>Density</u> <u>Sonic</u> <u>Neutron</u> <u>Other</u>: _____ Name of organization running log(s): _____ Purpose of borehole (check one): <u>Water Well</u> <input checked="" type="checkbox"/> <u>Geotechnical/Geological Investigation</u> <input type="checkbox"/> <u>Ground Source Heat Pump</u> <u>Seismic Survey</u> <input type="checkbox"/> <u>Other (describe)</u> _____ <i>If drilling is not related to water well construction, strike the remainder of this block.</i></p>	
<p>Purpose of Well (check one): <u>Home</u> <input type="checkbox"/> <u>Industrial</u> <input type="checkbox"/> <u>Public Supply</u> <input type="checkbox"/> <u>Irrigation</u> <input checked="" type="checkbox"/> <u>Fish Culture</u> <input type="checkbox"/> <u>Other</u>: <u>Replacement</u> If a flowing well, method of flow regulation: <u>Valve</u> <input type="checkbox"/> <u>Other (describe)</u> _____ Static Water Level: <u>43'</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6-11-2010</u> Method of Measurement (circle one) <u>steel tape</u> <input type="checkbox"/> <u>electric tape</u> <input type="checkbox"/> <u>air line</u> <input type="checkbox"/> <u>other</u>: _____ Well depth: <u>125</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> <input type="checkbox"/> <u>Hydraulic</u> <input checked="" type="checkbox"/> <u>Mix</u> Casing length: <u>85</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>pvc</u> Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>pvc</u> Screen slot size: <u>.050</u> inches Setting depth: From <u>86</u> feet to <u>125</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> <input checked="" type="checkbox"/> <u>Underscreened</u> <input type="checkbox"/> <u>Telescoped</u> <input type="checkbox"/> <u>Open hole</u> <input type="checkbox"/> <u>Natural Development</u> <u>Other (describe)</u>: _____ Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

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

Old well (16" Steel) located 20' north of new well.

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 JUN 12 2010
 OLWR

County: leflore
 Permit #: GW44348
Irrigation Equipment
 Date completed: 6-10-2010
Copy information from block on Part 1

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)

For Office Use Only:
 Aquifer: J178
 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>Diamond H Properties</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 1526</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Marshall TX 75671</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec. <u>28 T19N R 2W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of <u>Colony Town</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input checked="" type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-11-2010</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2300±</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one
Static Water Level (A): _____ Feet Below Land Surface	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Pumping Water Level (B): _____ 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	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Patrick M Chism 0695
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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