

County: Sunflower
 Permit #: GW-44035
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 3-7-2010

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: G 199
 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 align="center">Information on Well Owner (Landowner if borehole is not for a water well) Eagle Creek Southeast LLC Owner Name 91 South Front St, Suite 02 Mailing Address: _____ _____ Memphis TN 38103 _____ City State Zip Code 662-265-5209 Telephone No. () _____ Contact Person: Charles Sullivan</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>33° 42' .14"</u> Longitude: <u>90° 29' .14"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>NE</u> ¼ <u>SW</u> ¼ Sec <u>6</u> ✓ Twn <u>21N</u> ✓ Rng <u>4W</u> ✓ IR Distance Direction Nearest Town <u>4</u> Miles <u>NW</u> of <u>Linn</u></p>
Well / Borehole Data	
Date drilling started: <u>3-7</u> Date drilling completed: <u>3-7</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> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: <u>Replacement</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>53</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>3-15-2010</u>	
Method of Measurement (circle one) <u>(steel tape)</u> electric tape air line other: _____	
Well depth: <u>125</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>(Bentonite)</u> Mix	
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> Underreamed Telescoped Open hole Natural Development Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Old well 16" PVC 15' south

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: Sunflower
Permit #: GW-44035
Irrigation Equipment
Driller: _____
Date completed: 3-7-2010
Copy information from block on Part 1

For Office Use Only:
Aquifer: 6149
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>Eagle Creek Southeast LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>91 South Front St, Suite 02</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Memphis TN 38103</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 6 T 21N R 4W</u>
Telephone No. (____)	Distance <u>4</u> Miles Direction <u>NW</u> of Nearest Town <u>Linn</u>

Pump Type	Power Type
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
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>3-15-2010</u>	Setting Depth: <u>100</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: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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	

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) Patrick M. Chism
Signature of Pump Installer

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

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