

County: Cochos
 Permit #: CW42059
 Driller: Pete's Well Drilling
 Date drilling completed: 7-26-07

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 #: 1138
 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>Natures Catch</u>	Latitude: <u>33° 59' 588" N</u> Longitude: <u>90° 34' 397" W</u>
Mailing Address: <u>1090 WILLIS RD</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> Survey-grade GPS
<u>Clarksdale MS 38644</u>	USGS quad, <u>SE 1/4 SE 1/4 Sec 35 Twn 25N Rng 04W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 627-1482</u>	<u>10</u> Miles <u>SE</u> of <u>Clarksdale</u>

Well Data

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

Start well drilling started: 7-26-07 Date well drilling completed: 7-26-07

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

Static Water Level: 34' feet above or below (circle one) land surface Date measured: 7-26-07

Method of Measurement (circle one) steel tape electric tape _____ Other: _____

Hole depth: 100' Well depth: 100' Well grouted to a depth of _____ 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: 14 inches

Screen slot size: .032 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. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

42059

County: Oakoma
 Permit #: GW42059
 Driller: Pete's Well Drilling
 Date drilling completed: 7-26-07

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 #: N-138
 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>Natures Catch</u>	Latitude: <u>33° 59' 58.8" N</u> Longitude: <u>90° 34' 39.7" W</u>
Mailing Address: <u>1090 WILLIS RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Clarksdale MS 3864</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 35 Twn 25N Rng 4W</u>
Telephone No. <u>(662) 627-1482</u>	Distance <u>10</u> Miles Direction <u>SE</u> of Nearest Town <u>Clarksdale</u>

Well Data

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

Date well drilling started: 7-26-07 Date well drilling completed: 7-26-07

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

Static Water Level: 34' feet above or below (circle one) land surface Date measured: 7-26-07

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: .032 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 Springer
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

N-138

Ground Level

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
CLAY	0	30
COURSE SAND + GRAVEL	30	100

If more than one screen, show location of each on sketch

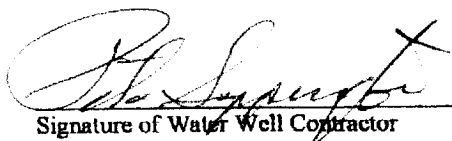
Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Clarkdale
10 mi.

Willis Rd.

Nature Catch
South Ponds

Landowner Name: _____


Signature of Water Well Contractor

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

County: _____
 Permit # GW 42059
 Driller: _____
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: N-138
 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.

Circle 5

Well Owner Information	Well Location
Owner Name: _____	Latitude: _____ Longitude: _____
Mailing Address: _____ _____	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 _____ 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.

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

Signature of Pump Installer _____

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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)

For Office Use Only:	
Aquifer: _____	Well #: <u>N-138</u>
Elevation: _____	

County: <u>Okanoma</u>
Permit #: <u>6W42059</u>
Driller: <u>Petes Well Drilling</u>
Date completed: <u>7-26-07</u>
<i>Copy information from block on Part 1</i>

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>Nature's Catch</u>	Latitude: <u>33-59-50N</u> Longitude: <u>90-39-37W</u>
Mailing Address: <u>1090 Willis Rd.</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <u>35</u> <u>24</u>
<u>Clarksdale MS 38614</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>35</u> T <u>25</u> R <u>4W</u>
Telephone No. <u>(662) 627-1482</u>	Distance Direction Nearest Town <u>10</u> Miles <u>SE</u> of <u>Clarksdale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>7-28-07</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>220</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>39'</u> 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.

<u>DAVID P. HOLT</u> <u>0-752P</u>	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Form: OLWR-SWR-1B
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