

State Well Report

Part 1

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 #: J-144
 L. S. Elevation: _____
 E-log #: _____

County: Jefferson 083
 Permit #: MSGW 16187
 Driller: H.C. Somery Jr.
 Date drilling completed: 2/7/05

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>America's Catch</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 584</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Itta Bena, MS 38941</u>	_____ 1/4 _____ 1/4 Sec <u>3</u> Twn <u>19N</u> Rng <u>2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 254-7207</u>	<u>4</u> Miles <u>NW</u> of <u>Itta Bena, MS</u>

Well Data

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

Date well drilling started: 1/3/05 Date well drilling completed: 2/7/05

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 2/7/05

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

Hole depth: 1224' Well depth: 1206' Well grouted to a depth of 1138 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1138 feet Casing diameter: 10 inches Type of casing: steel

Screen length: 60 feet Screen diameter: 6 inches Type of screen: Stainless Steel

Screen slot size: .020 inches Setting depth: From 1142 feet to 1202 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: 1082 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): MS Office of Geology E-log File # J-0144

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.

Thomas G. Chrestman

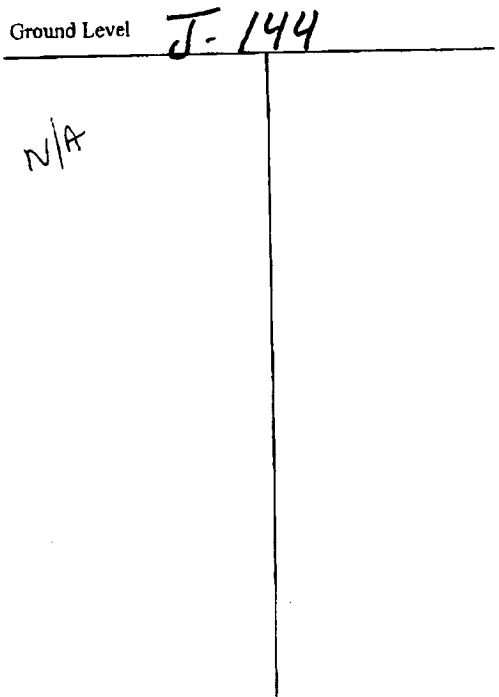
0-703

Thomas G. Chrestman

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

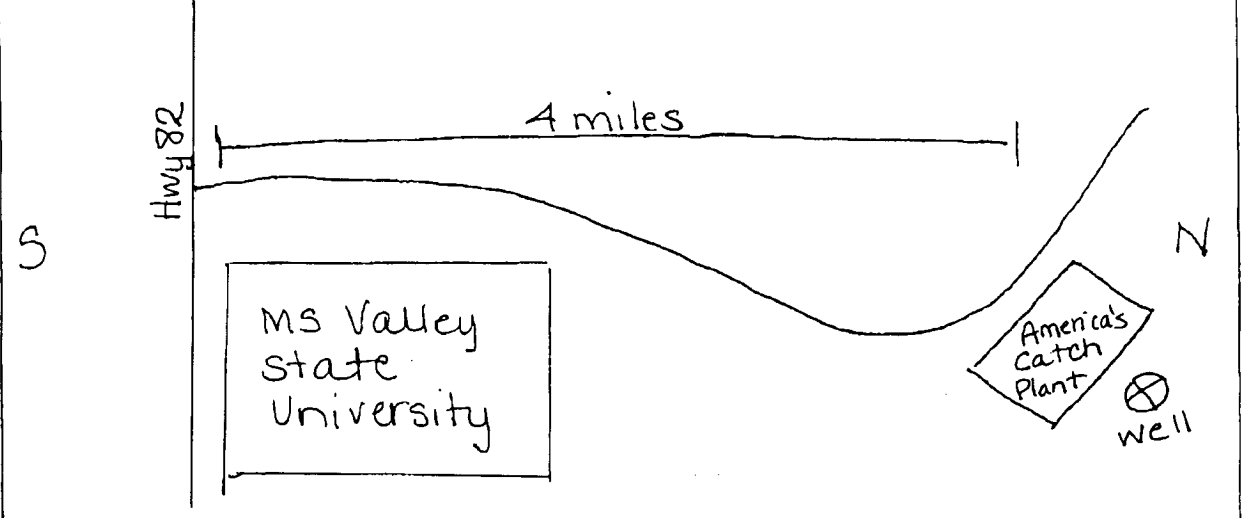
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Clay	0	30
Sand	30	60
Coarse Sand + pea gravel	60	100
Coarse Sand + Gravel	100	138
Clay	138	140
Coarse White Sand	140	160
Coarse Cemented Sand + Clay streaks	160	287
Sand Cemented	287	350
Clay + Sand streaks	350	555
Green Sand, Shale + Rock streaks	555	790
Shale + Sand streaks	790	1022
Hard Clay	1022	1039
Brown Sand + shale	1039	1095
Sand	1095	1115
Shale	1115	1120
Sand	1120	1221
Clay	1221	1224

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.



Landowner Name: America's Catch

Thomas E. Christman
 Signature of Water Well Contractor

Apr 04 05 09:55a

Mid-South Water

(662) 843-1717

P. 2 #1170

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 #: J-144

Elevation: _____

County: Dallam

Permit #: M36W16187

Driller: H.C. Lowery JR

Date completed: 2/7/05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>America's Catch</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 584</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Itta Bena, MS 38941</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 3 Twn 19N Rng 2W</u>
Telephone No. <u>(662) 254-7207</u>	Distance Direction Nearest Town
	<u>4 Miles NW of Itta Bena</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>2/17/05</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/24/05</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>18</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>37'8"</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>19'8"</u> Feet Below Land Surface	Well yielded <u>500</u> GPM with a drawdown of
Test Pumping Rate: <u>500</u> Gallons Per Minute	<u>19'8"</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

Thomas G. Chestman 0-703 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer