

City: Leflore  
 Permit #: GW 43542  
 Driller: Irrigation Equipment  
 Date drilling completed: 9-1-09

### 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 172  
 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

Owner Name: Americas Catch  
 Mailing Address: P.O. Box 584  
Itta Bena Ms. 38941  
 City State Zip Code  
 Telephone No. (662) 254-9124

#### Well Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 Method of Lat/Long (circle one):  Conventional Survey,  USGS quad,  Hand-held GPS,  Survey-grade GPS  
SW 1/4 SW 1/4 Sec 8 Twn 19N Rng 2W  
 Distance Direction Nearest Town  
3 Miles NW of Itta Bena

#### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation  Fish Culture  Other Replacement  
 Date well drilling started: 9-1-09 Date well drilling completed: 9-1-09  
 If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 51 feet above or  below (circle one) land surface Date measured: 9-1-09  
 Method of Measurement (circle one)  steel tape  electric tape  air line  other: \_\_\_\_\_  
 Hole depth: 112 Well depth: 112 Well grouted to a depth of 10 feet  
 Type of grout (circle one): Cement  Bentonite  Mix  
 Casing length: 72 feet Casing diameter: 16 inches Type of casing: PVC  
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: Stainless Steel  
 Screen slot size: .050 inches Setting depth: From 73 feet to 112 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): \_\_\_\_\_

GW  
9659

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.

Irrigation Equipment Inc.  
 John P. Chism 0439

Print Name of Water Well Contractor and License No.

John P. Chism  
 Signature of Water Well Contractor

43542

OCT 1 2009  
 YMD JOINT WATER  
 MANAGEMENT DISTRICT

County: Leflore  
 Permit #: GW 43942  
 Driller: Irrigation Equipment  
 Date drilling completed: 9-1-09

# 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 #: 5172  
 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>America's Catch</u>	Latitude: <u>33° 31' 22"</u> Longitude: <u>90° 25' 51"</u>	Mailing Address: <u>P.O. Box 584</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: <u>Itta Bena Ms.</u> State: <u>Ms.</u> Zip Code: <u>38941</u>	SW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec <u>8</u> Twn <u>19N</u> Rng <u>2W</u>	Telephone No. <u>(662) 254-9124</u>	Distance <u>5</u> Miles Direction <u>NW</u> of Nearest Town <u>Itta Bena</u>
Well Data			
Purpose of Well (circle one): <input type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input checked="" type="radio"/> Fish Culture <input checked="" type="radio"/> Other: <u>Replacement</u>	Date well drilling started: <u>9-1-09</u> Date well drilling completed: <u>9-1-09</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>51</u> feet above or <input checked="" type="radio"/> below (circle one) land surface Date measured: <u>9-1-09</u>		
Method of Measurement (circle one): <input checked="" type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line <input type="radio"/> other: _____	Hole depth: <u>112</u> Well depth: <u>112</u> Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one): <input type="radio"/> Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix	Casing length: <u>72</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>Stainless Steel</u>	Screen slot size: <u>.050</u> inches Setting depth: From <u>73</u> feet to <u>112</u> feet		
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> 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): <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> 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.			
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. Irrigation Equipment Inc. John P. Chism 0439		<u>John P. Chism</u> Signature of Water Well Contractor	
Print Name of Water Well Contractor and License No. _____			

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GW43542

J 172

If well telescopes please sketch below and show depths.

Ground Level \_\_\_\_\_

Description of Formations Encountered	From	To
Clay	0	33
Fine Sand + Gravel	34	39
Medium Sand + Gravel	40	112

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

John P. Chum  
 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: Leflore  
Permit #: 6W43542  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date completed: 9-1-09

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: J172  
Elevation: \_\_\_\_\_

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: <u>33 31 22</u> Longitude: <u>90 25 51</u>
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 Beng Ms. 38941</u> City State Zip Code	<u>SW 1/4 SW 1/4 Sec 8 Twn 19N Rng 2W</u>
Telephone No. <u>662 254-9124</u>	Distance Direction Nearest Town <u>5 Miles NW of Itta Beng</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>60</u>
Date Pump Installed: <u>9-1-09</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>2800 ±</u> Gallons Per Minute	Number of Stages: <u>1</u>

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	

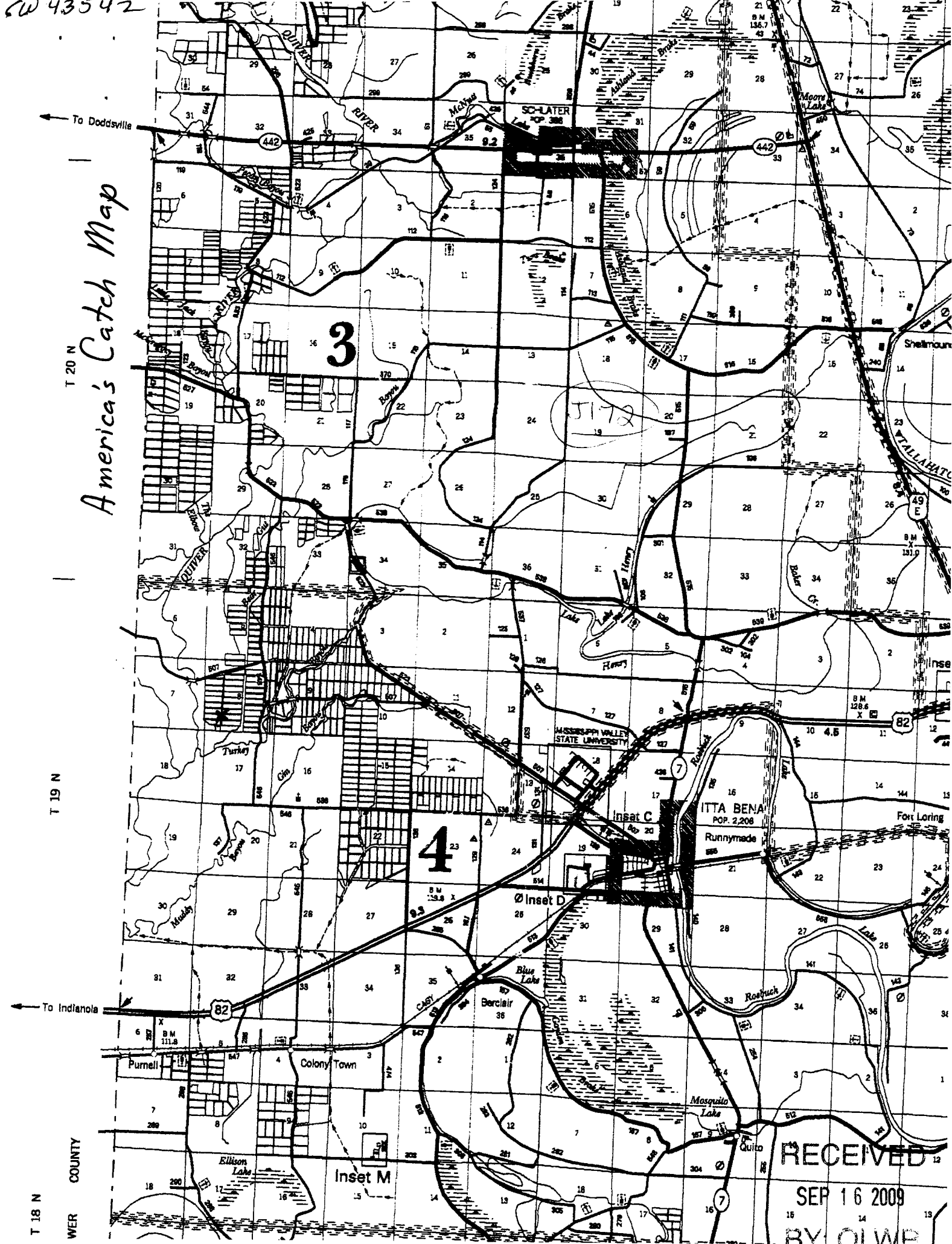
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John P. Chism 0439  
Print Name of Pump Installer and License No. (if applicable)

John P. Chism  
Signature of Pump Installer

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CW 43542



America's Catch Map

T 20 N

T 19 N

T 18 N

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