

GW 44164

County: Leflore
 Permit #: GW-44077
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 3-24-10

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: 3-173
 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 (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>America's Catch</u> Mailing Address: <u>P.O. Box 584</u> <u>Itta Bena Ms. 38941</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>90° 25' 50"</u> Longitude: <u>33° 31' 43"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>SW 1/4 NW 1/4 Sec 8 / Twn 19N Rng 2W</u> Distance Direction Nearest Town <u>6</u> Miles <u>NW</u> of <u>Itta Bena</u></p>
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Well / Borehole Data

Date drilling started: 3-24-10 Date drilling completed: 3-24-10 Hole depth: 115 Hole diameter: 24"
 Location of the source of any surface water used for drilling: Surface Water
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM
 Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron (Other) Replacement
 Name of organization running log(s): _____
 Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation ___ Ground Source Heat Pump ___
 Seismic Survey ___ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block
 Purpose of Well (check one): Home ___ Industrial ___ Public Supply ___ Irrigation ___ Fish Culture Other: _____
 If a flowing well, method of flow regulation: Valve ___ Other (describe) _____
 Static Water Level: 55 feet above or (below) (circle one) land surface Date measured: 3-25-10
 Method of Measurement (circle one) (steel tape) electric tape air line other: _____
 Well depth: 112¹¹⁵ Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix
 Casing length: 22⁷⁵ feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC / S.S.
 Screen slot size: .050 inches Setting depth: From 76⁷⁵ feet to 115¹¹⁵ 012 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 next page*

Old Well 16" steel 35' N.

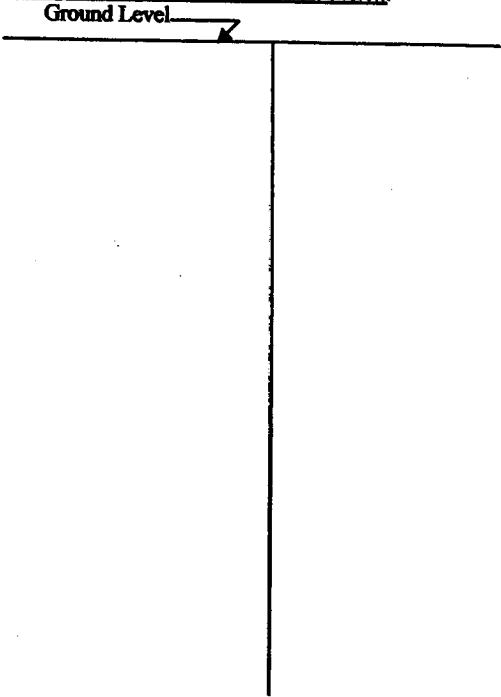
Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	32
Fine Sand	33	38
Fine Sand + Gravel	39	49
Medium Sand + Gravel	50	112
Fine Sand	113	115
Screen! .050		
(76-95) PVC 20'		
(96-115) S.S. 20' Stainless Steel		

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) a north arrow.

Landowner Name: America's Catch

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

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Patrick M. Chism 0695

Print Name of Responsible Licensee and License No. Date

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Signature of Licensee
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County: Leflore
 Permit #: GW4169
 Irrigation Equipment
 Driller: _____
 Date completed: 3-24-10
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: J173
 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>America's Catch</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 584</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Itta Bena Ms. 38941</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 8 T 19N R 2W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>6</u> Miles <u>NW</u> of <u>Itta Bena</u>

Pump Type	Power Type
Air Lift Circle one Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal 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>3-25-10</u>	Setting Depth: <u>80</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

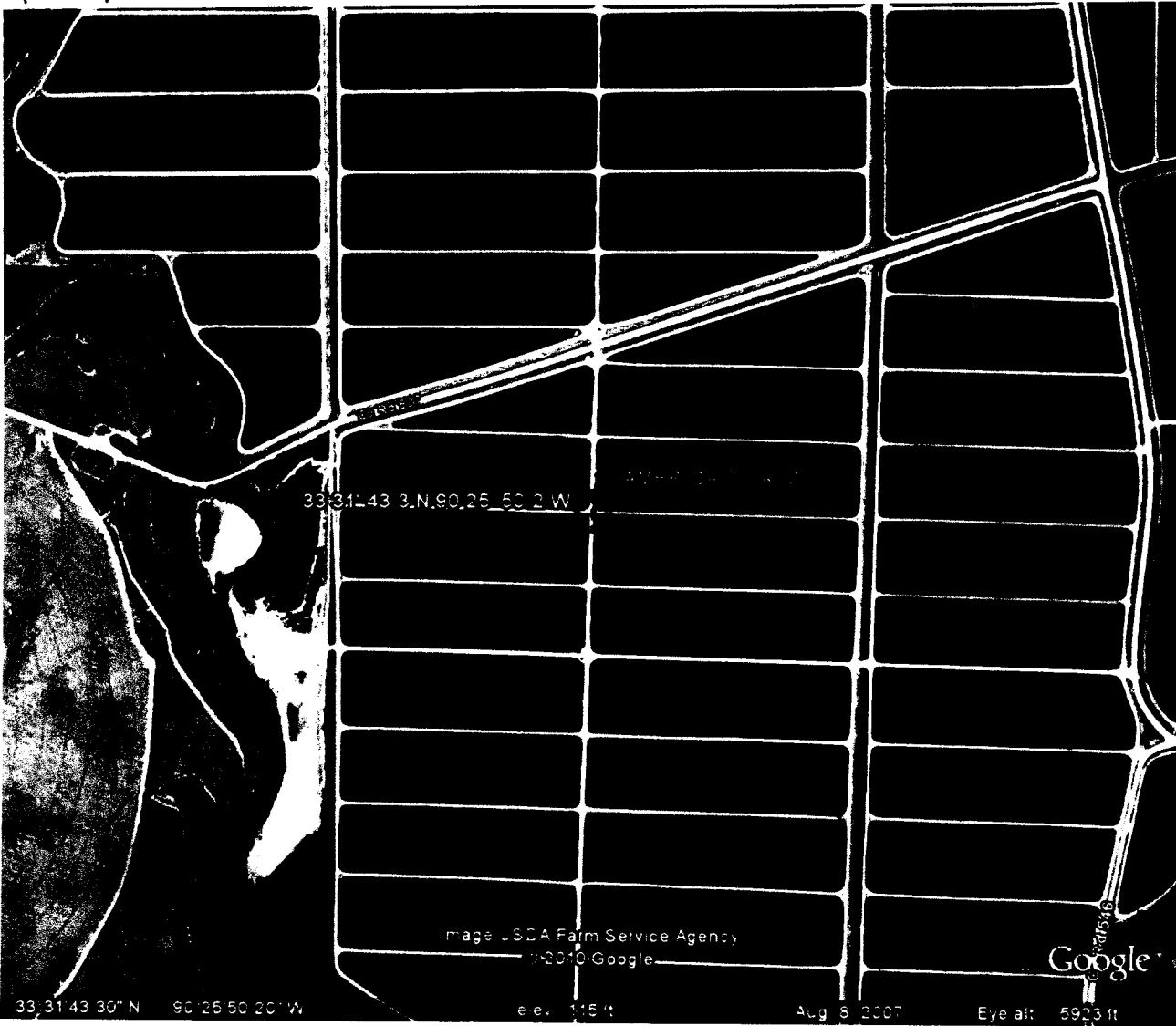
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
 Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable) _____
 Signature of Pump Installer Patrick M. Chism

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 Form: OLWR-SWR-1C(07.09)

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