

County: Leflore
 Permit #: GW-44409
 Irrigation Equipment
 Driller:
 Date drilling completed: 7-7-10

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:
 Well #: J176
 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 <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>America's Catch</u> Mailing Address: <u>102 Main St.</u> <u>Itta Bena Ms. 38941</u> City State Zip Code Telephone No. <u>662-254-7200</u></p>	<p>Well or Borehole Location Latitude: <u>33-31-25.9</u> Longitude: <u>90-25-14.9</u> Method of Lat/Long (circle one): <u>Hand-held GPS</u> USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>NE 1/4 SE 1/4 Sec. 8</u> Twn <u>19N</u> Rng <u>2W</u> Distance Direction Nearest Town <u>5</u> Miles <u>NW</u> of <u>Itta Bena</u></p>
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Well / Borehole Data

Date drilling started: 7-7-10 Date drilling completed: 7-7-10 Hole depth: 110 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: _____

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: Replacement

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

Static Water Level: _____ feet above of below (circle one) land surface Date measured: _____

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 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: _____ inches Setting depth: From See back feet to _____ 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 25' South

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

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J:76

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \rightarrow

Sketch area showing ground level and well location. The sketch is mostly blank, with a vertical line indicating the well location and a horizontal line at the top labeled "Ground Level".

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)
	Ground Level	33
Clay		
Fine Sand + Gravel	34	44
Medium Sand + Gravel	45	89
Fine Sand + Gravel	90	96
Medium Sand + Gravel	97	109
Fine Sand	110	111
Screen		
(72-91) 20' .050		
(92-111) 20' .032		

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

Signature of Licensee

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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 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: Leflore
 Permit #: GW-44409
 Irrigation Equipment
 Driller: _____
 Date completed: 7-7-10
 Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: J 176
 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>102 Main Street</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Itha Benz Ms. 38941</u> City State Zip Code	<u>NE 1/4 SE 1/4 Sec 8 T 19N R 2W</u>
Telephone No. () _____	Distance _____ Direction <u>NW</u> of Nearest Town <u>Itha Benz</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/>	Electric Motor <input checked="" 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>7-12-10</u>	Setting Depth: <u>90</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 Circle one
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

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

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