

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: J203
Aquifer: _____
E-Log #: _____

County: Leflore
Permit #: MS-GW-17321
Driller: Adric Jones
Date drilling completed: 1-12-17

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>America's Catch</u>	Latitude: <u>33° 31' 40.39"</u> Longitude: <u>90° 23' 48.44"</u>
Mailing Address: <u>P.O. Box 584</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>22550 County Road 507</u>	USGS quad _____, Hand-held GPS <u>Y</u> , Survey-grade GPS _____
<u>Itta Benz MS 38941</u>	<u>SW 1/4 NW 1/4, Sec 10 T19N R02W</u>
City State Zip Code	<u>5</u> Miles <u>NW</u> of <u>Itta Benz</u>
Telephone No. <u>(662) 475-1017</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 1/11/17 Date drilling completed: 1/12/17 Hole depth: 1907' Hole diameter: 12"

Location of the source of any surface water used for drilling: Hatchery Well

Method of dosing and volume of Chlorine used in drilling and development: 1t & 1t added to fluid

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): Teaco

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 25 feet (above or below) land surface Date measured: 3-21-17
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 1373' Well grouted to a depth of: 1339 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1339 feet Casing diameter: 10 inches Type of casing: Steel

Screen length: 3.0 feet Screen diameter: 10 inches Type of screen: Stainless steel

Screen slot size: .020 inches Setting depth: From 1339 feet to 1369 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 1279 feet

If telescoped or more than one screen, describe on next page

County: Leflore
 Permit #: MS-GW-17321

For Office Use Only:
 Well #: 5202

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

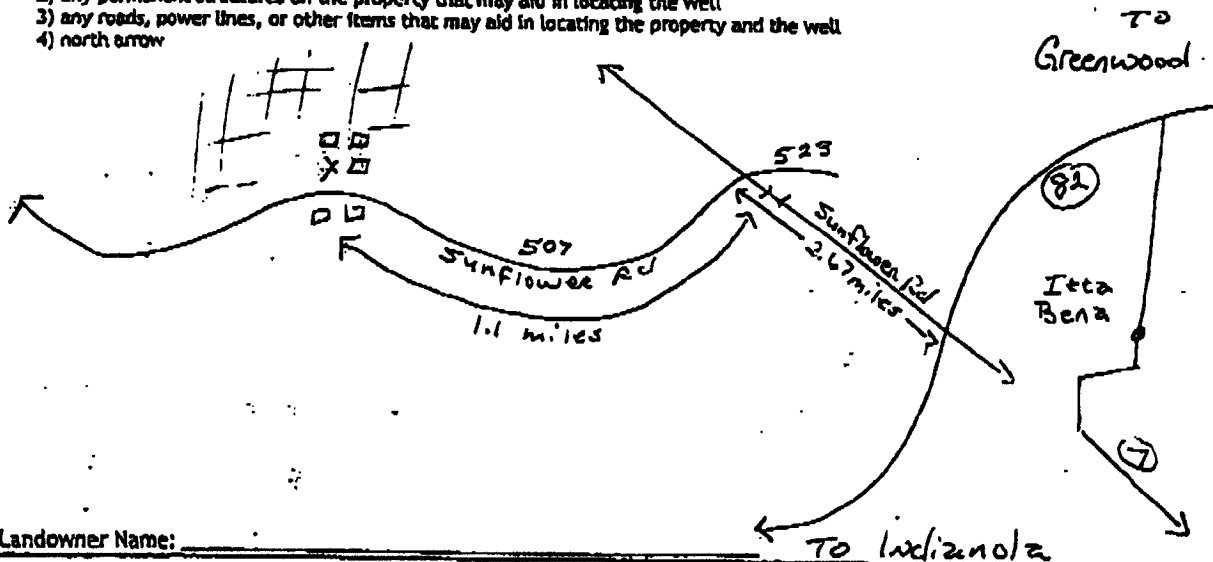
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	32
Sand & Clay	32	43
Sand	43	108
Sand & Gravel	108	147
Sand	147	246
Clay	246	268
Sand w/ Shale	268	427
Sand w/ Lignite & Shale	427	524
Clay	524	612
Rock	612	614
Sand w/ Shale	614	704
Rock	704	705
Sandy Shale w/ Rock	705	780
Rock	780	783
Sandy Shale w/ Rock	783	824
Sand w/ Shale	824	1015
Shale w/ Rock & Sand	1015	1102
Shale w/ Sand	1102	1156
Sand w/ Lignite & Shale	1156	1238
Shale	1238	1331
Sand w/ Lignite & Shale	1331	1377
Shale	1377	1460
Sand w/ Lignite & Shale	1460	1508

Description of Formations Encountered	From (depth)	To (depth)
Rock	1508	1510
Shale	1510	1543
Rock	1543	1544
Shale	1544	1609
Sand w/ Shale & Lignite	1609	1631
Rock	1631	1633
Sand w/ Shale & Lignite	1633	1638
Rock	1638	1640
Sand w/ Shale & Lignite	1640	1668
Rock	1668	1671
Sand w/ Shale & Lignite	1671	1700
Rock	1700	1701
Shale	1701	1715
Rock	1715	1716
Shale	1716	1767
Sand w/ Shale & Lignite	1767	1808
Rock	1808	1810
Shale	1810	1833
Rock	1833	1834
Shale	1834	1863
Sand w/ Shale & Lignite	1863	1895
Shale	1895	1907

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) north arrow



Landowner Name: _____

I HEREBY 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.

Clayton Miller 0-703
 Print Name of Responsible Licensee and License No.

Date

Clayton Miller
 Signature of Licensee

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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

County: LeFlore
 Permit #: MS-GW-17321
 Driller: Tommy Fortenberry
 Date completed: 3-21-17
Copy information from block on Part 1

For Office Use Only:
 Well #: 5203
 Aquifer: _____

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: <u>33° 31' 40.39"</u> Longitude: <u>90° 23' 48.44"</u>
Mailing Address: <u>P.O. Box 584</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>22550 County Road 507</u>	USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Itta Bena MS 38941</u>	<u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, Sec <u>10</u> T <u>19N</u> R <u>02W</u>
City State Zip Code	<u>5</u> Miles <u>NW</u> of <u>Itta Bena</u>
Telephone No. <u>(662) 475-1017</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 3-21-17 Rated Pump Capacity: 500 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 50 Setting Depth: 380 feet Number of Stages: 4

Pump Test Data for Non Flowing Well
 Date Well Tested: 3-28-17 Duration of Pump Test (minimum 4 hours): 6 hours
 Static Water Level (A): 25 Feet Below Land Surface Pumping Water Level (B): 225 Feet Below Land Surface
 Drawdown [(B) - (A)]: 200 Feet Below Land Surface Test Pumping Rate: 535 Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation N/A
 Meter Manufacturer: _____ Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter Installed by: _____
 Is This Meter (circle one): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Clayton Miller 0-703 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer