

STATE WELL REPORT

Part I - 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) 354-6938 (fax)

County:	Leflore
Permit #	MS-GW-16618
Driller:	Layne Central
Date drilling completed:	1/5/09

For Office Use Only:	
Aquifer:	
Well #:	<u>K-140</u>
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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Heartland Catfish</u>	Latitude: <u>N33° 31' 48.7"</u> Longitude: <u>W90° 17' 9.5"</u>
Mailing Address: <u>55001 Highway 82 West</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: <u>Ittabena</u> State: <u>MS</u> Zip Code: <u>38941</u>	<u>NE</u> ¼ <u>SE</u> ¼ Sec <u>9</u> Twn <u>19N</u> Rng <u>1W</u>
Telephone No. <u>662-254-7100</u>	Distance: <u>2</u> Miles East of <u>Ittabena</u>
Well / Borehole Data	
Date drilling started: <u>10/16/08</u>	Date drilling completed: <u>1/5/09</u> Hole depth: <u>1067</u> Hole diameter: <u>121/4</u>
Location of the source of any surface water used for drilling: <u>Existing Well</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>15 gal sodium hypochlorite</u>	
Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): <u>Layne Central</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>38'</u> feet above or below (circle one) land surface Date measured: <u>12/29/08</u>	
Method of Measurement (circle one) steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> airline <input type="checkbox"/> other: _____	
Well depth: <u>1054</u> Well grouted to a depth of <u>972</u> feet Type of grout (circle one) Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix <input type="checkbox"/>	
Casing length: <u>972</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>Steel</u>	
Screen length: <u>75'</u> feet Screen diameter: <u>10"</u> inches Type of screen: <u>WW stainless</u>	
Screen slot size: <u>.025</u> inches Setting depth: From <u>975</u> feet to <u>1050</u> feet	
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/> Other (describe): _____	
Top of lap pipe or reduction in casing: <u>912</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

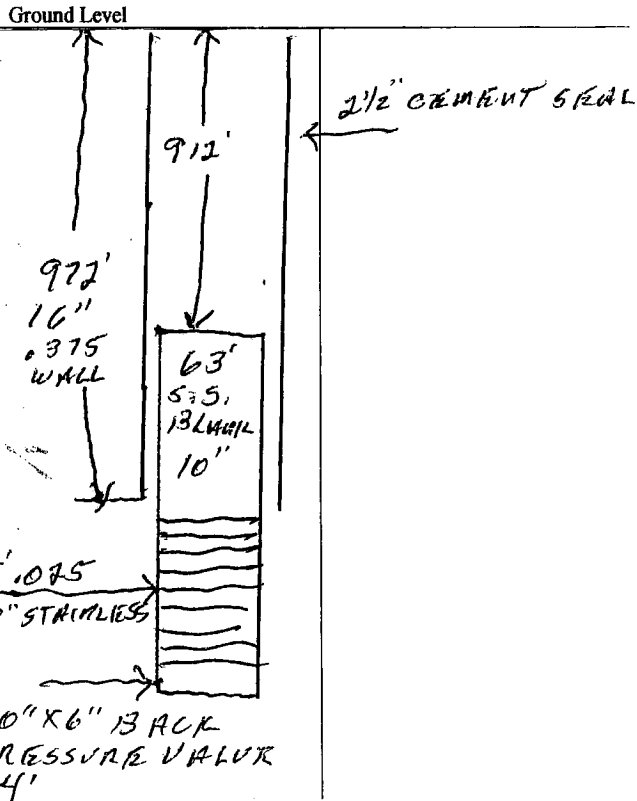
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K-140

The sketch below only required for water wells

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

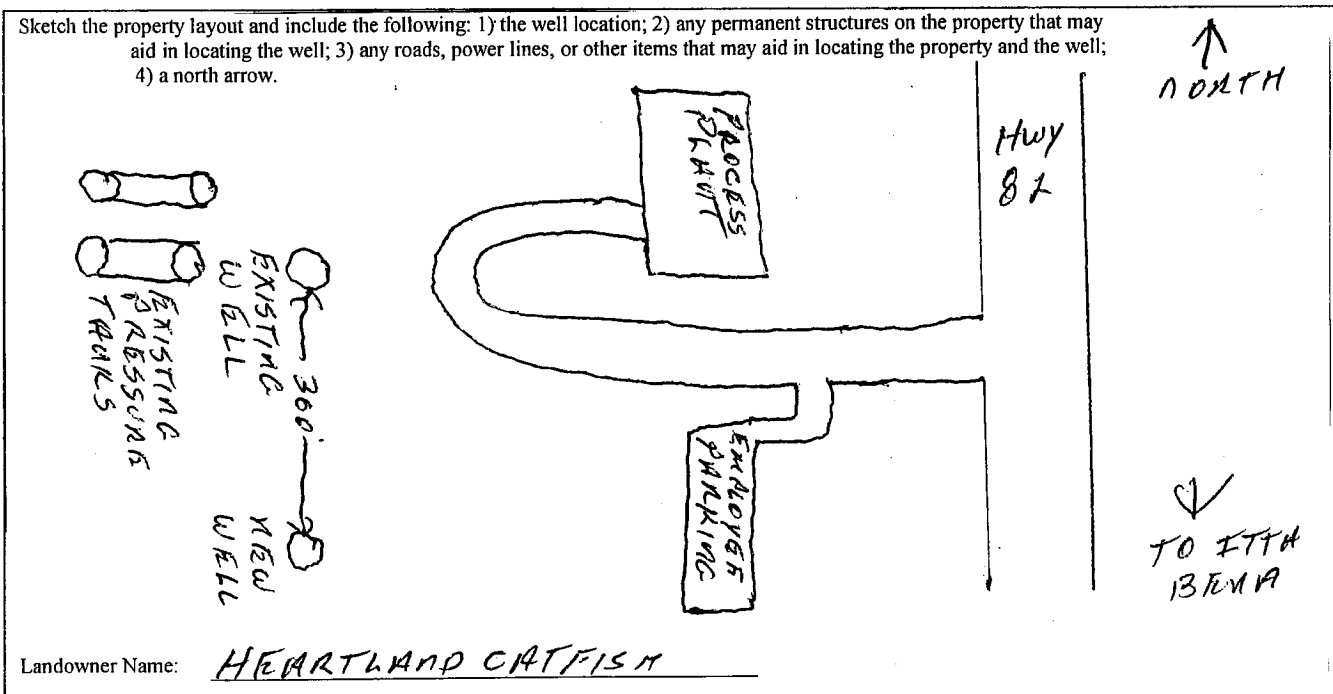
If well telescopes show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Topsoil	Ground Level	1
Gumbo	10	9
Blue Clay	47	37
Coarse Sand	90	43
Coarse Sand/Gravel	100	10
Sandstone	103	3
Fine to Medium Sand	122	19
Coarse Sand/Gravel	133	11
Gray Sandy Clay	355	222
Fine Sand	390	35
Sandy Shale	460	70
Rock	462	2
Sandy Shale w/ lignite	549	87
Rock	550	1
Sandy Shale	555	5
Rock	557	2
Sandy Shale	586	29
Rock	588	2
Sandy Shale	606	15
Rock	608	2
Sandy Shale	649	41
Rock	650	1
Hard Shale	691	41
Sand /w layers of brn shale	734	43
Brown Shale	832	98
See Attached		

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: HEARTLAND CATFISH

Form: OLWR-SWR-1A

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.

P. Michael Holloway 0-787

1-20-09

P. Michael Holloway

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Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

BY: OLWR

Freeewood, MS

2008

930119

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FORMATION LOG OF THE WELL OR TEST HOLE

STARTED TEST HOLE _____ SO _____ FINISHED _____ TO _____ TEST HOLE NUMBER _____
 LOCATION _____ SMC _____ TS _____ RANGE _____ ELEVATION _____

TOTAL DEPTH	THICKNESS EACH STRATUM	FORMATION	TOTAL DEPTH	THICKNESS EACH STRATUM	FORMATION
1	1	Topsoil			
10	9	Gumbo			
47	37	Blue Clay			
90	43	Coarse Sand			
100	10	Coarse Sand/Gravel			
103	3	Sandstone			
122	19	Fine to Medium Sand			
133	11	Coarse Sand/Gravel			
353	222	Gray Sandy Clay			
390	35	Fine Sand			
460	70	Sandy Shale			
462	2	Rock			
549	87	Sandy Shale w/Lignite			
550	1	Rock			
555	5	Sandy Shale			
557	2	Rock			
586	29	Sandy Shale			
588	2	Rock			
606	18	Sandy Shale			
608	2	Rock			
649	41	Sandy Shale			
650	1	Rock			
691	41	Hard Shale			
734	43	Sand w/layers of brown shale			
832	98	Brown Shale			
833	1	Rock			
885	52	Brown Shale			
960	75	Brown Shale streaks sand			
967	7	Sandy Shale			
1046	79	Hard Pack Sand			
1060	14	Brown Shale			

TEST DATA	
PRELIMINARY TEST	FINAL TEST
STATIC WATER LEVEL _____	_____
PUMPO G. P. M. _____	_____
PRESSURE, POUNDS _____	_____
DRAWDOWN _____	_____
G. P. F. D. _____	_____
GUARANTEED G. P. M. _____	_____
GUARANTEED PRESSURE _____	_____
DATE OF TEST _____	_____

REMARKS

 DRILLER _____
 FIELD SUPT. _____

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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)

For Office Use Only:	
Aquifer:	_____
Well #:	_____
L.S. Elevation:	_____

County:	<u>Leflore</u>
Permit #:	<u>MS-GW-16618</u>
Driller:	<u>Layne Central</u>
Date drilling completed:	<u>1/5/09</u>
<i>Copy information from block on Part 1</i>	

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>Heartland Catfish</u>			Latitude:	<u>N34° 31' 487"</u>	Longitude:	<u>W90° 17' 965"</u>
Mailing Address:	<u>55001 Hwy 82 West</u>			Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>			
	<u>Itta Bena MS 38941</u>			USGS quad	<input type="checkbox"/>	Hand-held GPS	<input checked="" type="checkbox"/>
	<u>City</u>	<u>State</u>	<u>Zip Code</u>	_____ ¼ _____ ¼ Sec _____ T _____ R _____	Survey-grade GPS <input type="checkbox"/>		
Telephone No.	<u>662-254-7100</u>			Distance	<u>2</u>	Direction	<u>East</u>
				Miles	<u>of</u>	Nearest Town	<u>Itta Bena</u>

Pump Type Circle One			Power Type Circle One		
Air Lift	<u>Jet</u>	<u>Submersible</u>	Diesel Engine	<u>Gasoline Engine</u>	<u>Natural Gas</u>
Bucket	<u>Piston</u>	<u>Turbine</u>	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	<u>Rotary</u>	<u>Flowing Well</u>	Windmill	Other (specify): _____	
Other (specify):	_____				
Date Pump Installed:	<u>3/12/09</u>		Horse Power Rating of Motor:	<u>125</u>	
Rated Pump Capacity:	<u>1364</u>	Gallons Per Minute	Setting Depth:	<u>120</u>	feet
			Number of Stages:	<u>4</u>	

Pump Test Data			Method of Measuring Water Level Circle One		
Date Well Tested:	<u>6/11/09</u>		Airline	<u>Electric Measuring Line</u>	Steel Tape
Static Water Level (A)	<u>32</u>	Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B):	<u>87</u>	Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet		
Drawdown [(B) - (A)]:	<u>55</u>	Feet Below Land Surface	Well yielded	<u>1364</u>	GPM with a drawdown of
Test Pumping Rate:	<u>1364</u>	Gallons Per Minute	<u>55</u>	feet after	<u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours):	<u>4</u>	hours			

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

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JUN 18 2009

<u>P. Michael Holloway</u> 787	<u>P. Michael Holloway</u>
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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