

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 #: M-183
 L. S. Elevation: _____
 E-log #: _____

County: WASHINGTON

Permit #: _____

Driller: CHEAT IRRIGATION, INC

Date drilling completed: 2/16/05

Cheat Irrigation, Inc

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: CAT TRACK FARMS, INC.

Mailing Address: C/O JOHN STEVENS

PO Box 60

ARCOLA MS. 38722
 City State Zip Code

Telephone No. 662-882-3838

Well Location

Latitude: 33° 14' 53" Longitude: 090° 15' 45"

Method of Lat/Long (circle one): Hand-held GPS, Conventional Survey, Survey-grade GPS

USGS quad, Hand-held GPS, Survey-grade GPS

NE 1/4 NE 1/4 Sec 17 Twn 16N Rng 6W

Distance 3 Miles Direction SOUTH of Nearest Town ARCOLA

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 2/16/05 Date well drilling completed: 2/16/05

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 2/17/05

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

Hole depth: 103 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 50 feet to 100 90 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): _____

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.

JAMES MCDONALD #332

Print Name of Water Well Contractor and License No.

James McDonald

Signature of Water Well Contractor

RECEIVED

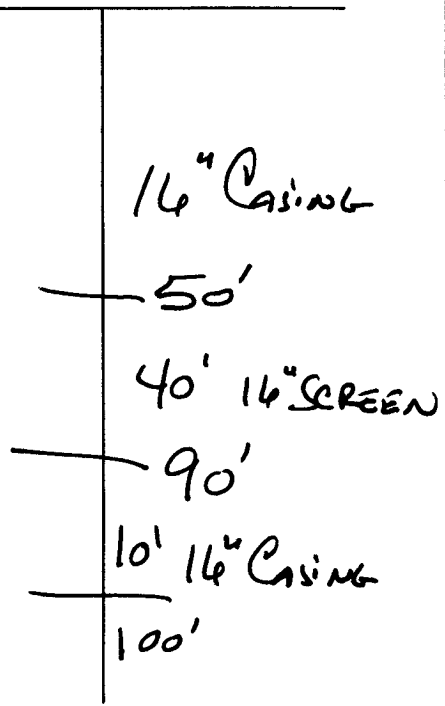
MAR 15 2005

BY: OLWR

M-183

If well telescopes please sketch below and show depths.

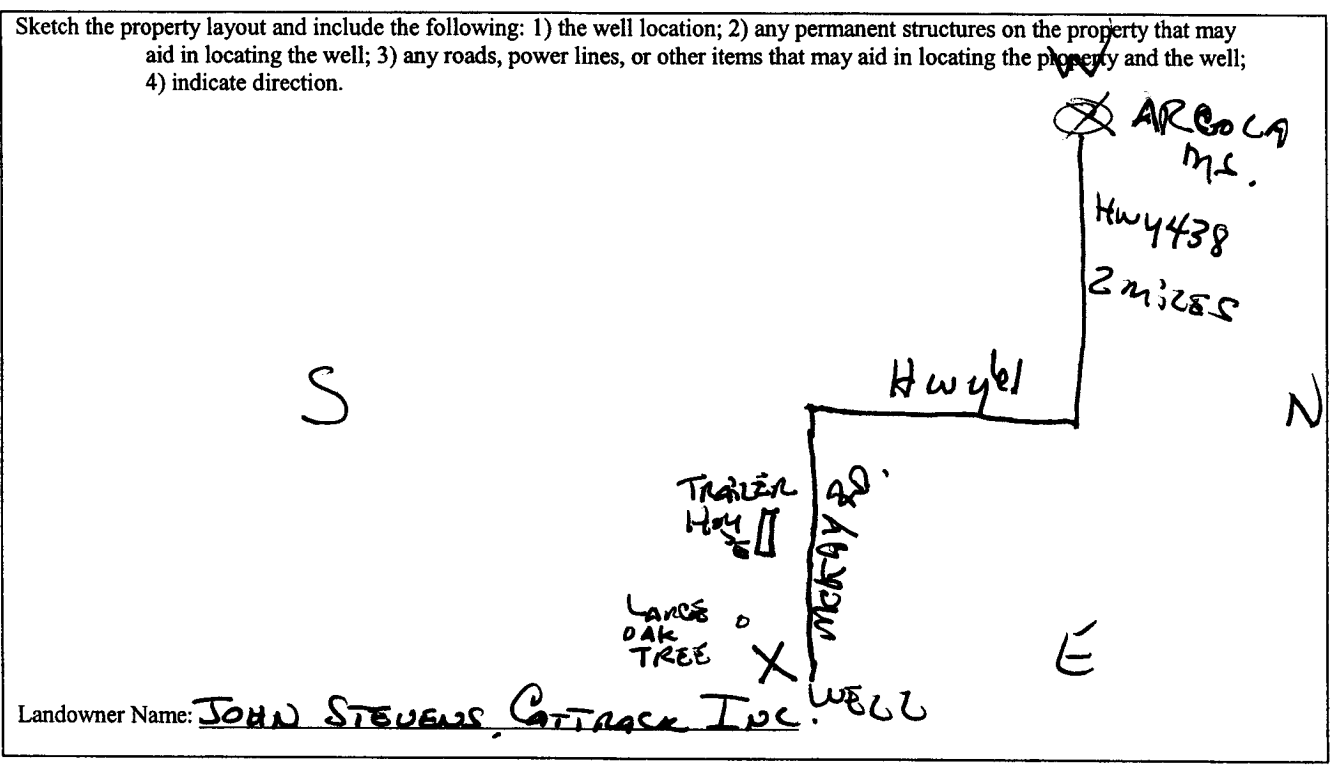
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
MIX CLAY	10	38
MED. COARSE SAND	38	90
MED. FINE SAND	90	103

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: JOHN STEVENS, CATRACK INC.

James McDonald
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)

For Office Use Only:

Aquifer: _____
 Well #: M-183
 Elevation: _____

County: WASHINGTON
 Permit #: _____
 Driller: CHILLOT IRRIGATION
 Date completed: 2/16/05

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>CAT TRACK FARMS, INC.</u>	Latitude: <u>33-14-53S</u> Longitude: <u>090-15-94W</u>
Mailing Address: <u>C/O JOHN STEVENS</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Po Box 60</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>ARCOLA, MS. 38722</u>	<u>NW</u> ¼ <u>NE</u> ¼ Sec <u>17</u> Twn <u>16N</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No: <u>(662)-882-3838</u>	<u>3</u> Miles <u>SOUTH</u> of <u>ARCOLA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>(Diesel Engine)</u> Gasoline Engine Natural Gas
Bucket Piston <u>(Turbine)</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>2/17/05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1-STAGE 14XS</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NO TEST RUN</u>	Air Line Electric Measuring Line <u>(Steel Tape)</u>
Static Water Level (A): <u>22</u> 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
Test Pumping Rate: <u>3000</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

GLEN ROWE #710P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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