

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 #: C-144
 L. S. Elevation: _____
 E-log #: _____

County: Leflore
 Permit #: 6W41167
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 6-12-06

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	Well Location
Owner Name: <u>Tackett Fish Farm</u>	Latitude: <u>33.39.59.4</u> Longitude: <u>90.24.36.0</u>
Mailing Address: <u>23939 County Road 523</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>USGS quad</u> , <u>Hand-held GPS</u> , <u>Survey-grade GPS</u>
<u>Schlater MS 38952</u>	<u>NE 1/4 NW 1/4 Sec 28 Twn 21N Rng 2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662-254-7322</u>	<u>4 Miles NW of Schlater</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Replacement PD29

Date well drilling started: 6-12-06 Date well drilling completed: 6-12-06 *6W*

If flowing, method of flow regulation: Valve _____ Other (describe) _____ *12287*

Static Water Level: 52' feet above or below (circle one) land surface Date measured: 6-13-06

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

Hole depth: 130 Well depth: 130 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40

Screen slot size: .050 inches Setting depth: From 71 feet to 130 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.

Irrigation Equipment Inc.
 Patrick M. Chism 0695

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

Patrick M. Chism

RECEIVED

PKH 41167

JUL 10 2006

YMD JOINT WATER MANAGEMENT DISTRICT

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Telephone No. (<u>662</u>)- <u>254-7322</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>NW</u> of <u>Schlater</u>

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JUN 27 2006

BY: OLWR

