

33-36-27 90-26-5F

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**

Office of Land and Water Resources

COUNTY WELL LOCATED  
**Leflore**

WELL NUMBER **F-150** CODED

DATE WELL COMPLETED  
**4-10-03**

PERMIT NUMBER

NAME OF DRILLING FIRM  
**Irrigation Equipment Inc.**  
**Indianola, MS**

P. O. Box 10631  
Jackson, MS 39289-0631  
**WATER WELL DRILLERS LOG**

NAME & MAILING ADDRESS OF LANDOWNER  
**Tackett Fish Farms**  
**23939 County Road 523**  
**Schlater, MS 38952**

Latitude:  
Longitude:

WELL LOCATION: SEC **18** TOWNSHIP **20N** RANGE **2W**

**NW/NE** **NE/NW** **E** **W**

DISTANCE \_\_\_\_\_ DIRECTION **SW** NEAREST TOWN **Schlater**  
Miles of

OTHER LANDMARK

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.  
**Fish Pond Replacement**

**WELL DATA**

Well Depth <b>132</b>	Casing Diameter (In.) <b>16</b>	Casing Length (Ft.) <b>92</b>
Type of Casing <b>pvc</b>	Hole Depth <b>132</b>	Depth to Static Water Level <b>52ft.</b>

TYPE OF COMPLETION: (Circle One or More):  
 Gravel Packed,  Underreamed,  Telescoped,  
 Natural Development,  Open Hole,  Other  
(Describe) \_\_\_\_\_

WELL GROUTED TO A DEPTH OF **10** FEET  
Type Grout (circle one): Cement,  Bentonite, or Mix

**SCREEN DATA**

Diameter - Inches <b>16</b>	Length - Feet <b>40</b>	Slot Size - Inches <b>.050</b>
Screen Type <b>pvc</b>	Depth to Bottom - Feet	

**PUMP DATA**

PUMP TYPE (Circle One):  
Submersible,  Turbine, Jet, Flowing Well,  
Other (Describe) \_\_\_\_\_

POWER TYPE (Circle One):  
 Electric, Tractor, Diesel, Gasoline, **60** Butane,  
Other (Describe) \_\_\_\_\_ H/P \_\_\_\_\_

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	21
Fine Sand	21	45
Fine Sand/gravel	45	55
Med. Sand/gravel	55	101
Fine Sand/Clay	101	110
Med. Sand/gravel	110	132

Screen 112 to 132  
Screen 81 to 101

**RECEIVED**

**APR 21 2003**

**BY: OLWR**

Top of Lap Pipe or Reduction in Casing

FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

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.

 0439111  
Signature of Licensed Driller and License No.

4-15-03

Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL


SECTION 18

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
2500	2	80 FT.

PUMP TEST

Well yielded \_\_\_\_\_ GPM with  
 a drawdown of \_\_\_\_\_ ft.  
 after \_\_\_\_\_ hours of pumping

**LOG DATA**

TYPE OF LOG RUN (Circle One): No Log Run, Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) \_\_\_\_\_

Name of Organization Running Log \_\_\_\_\_

**GEOLOGIC DATA (Office Use Only)**

Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test

Driller's Remarks

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If more than one screen, show location of each on sketch.