

# 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 #: F-160  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Leflore  
Permit #: OW 3980D  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 8-17-04

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>33.33.54N</u> Longitude: <u>90.26.50W</u>
Mailing Address: <u>23939 County Road 523</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Schlater, MS 38952</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE</u> <u>30</u> <u>20N</u> <u>2W</u>
Telephone No. (____) _____	Distance: <u>8</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Schlater</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation <u>Fish Culture</u> <u>Other</u> P-Pond Replacement	Date well drilling started: <u>8-17-04</u> Date well drilling completed: <u>8-17-04</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>55ft.</u> feet above (r below (circle one) land surface Date measured: <u>8-17-04</u>
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	Hole depth: <u>128'</u> Well depth: <u>128'</u> Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): Cement <u>Bentonite</u> Mix	Casing length: <u>88</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC Sch. 40</u>
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC Sch. 40</u>	Screen slot size: <u>.050</u> inches Setting depth: From <u>8.7</u> feet to <u>126</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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

*Patrick M Chism*

Print Name of Water Well Contractor and License No.

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 #: F-160

Elevation: \_\_\_\_\_

County: Leflore  
 Permit #: GW 3980D  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 8-17-04

**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>Tackett Fish Farm</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>23939 County Road 523</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Schlater, MS 38952</u>	<input checked="" type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>SE</u> <u>NW SW</u> <u>30</u> <u>20N</u> <u>2W</u>
<u>662-254-7322</u>	<u>1/4</u> <u>1/4</u> Sec <u>30</u> Twn <u>20N</u> Rng <u>2W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>8</u> Miles <u>SW</u> of <u>Schlater</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	60
Date Pump Installed: <u>8-17-04</u>	Horse Power Rating of Motor: _____
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Setting Depth: <u>80</u> feet
	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>55'</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: _____ 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.

Patrick M. Chism 0695  
 Print Name of Pump Installer and License No. (if applicable)

Patrick M Chism  
 Signature of Pump Installer

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AUG 30 2004

BY: OLWR