

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-161
L. S. Elevation: _____
E-log #: _____

County: Leflore 017
Permit #: 60 39771
Irrigation Equipment
Driller: _____
Date drilling completed: 8-16-04

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 Farms</u> | Latitude: <u>33.3556N</u> Longitude: <u>90.2609W</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, <u>hand-held GPS</u> , Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | NE $\frac{1}{4}$ NE $\frac{1}{4}$ Sec <u>18</u> Twn <u>20N</u> Rng <u>2W</u> |
| Telephone No. (____) _____ | Distance <u>6</u> Miles Direction <u>SW</u> of <u>Schlater</u> |

| Well Data | | E-Pond Replacement |
|---|--|--------------------|
| Purpose of Well (circle one) Home Industrial Public Supply Irrigation <u>Fish Culture</u> <u>Other</u> | | |
| Date well drilling started: <u>8-16-04</u> | Date well drilling completed: <u>8-16-04</u> | |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | | |
| Static Water Level: <u>59ft.</u> feet above or <u>below</u> (circle one) land surface | Date measured: <u>8-16-04</u> | |
| Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ | | |
| Hole depth: <u>132'</u> Well depth: <u>132'</u> Well grouted to a depth of <u>10</u> feet | | |
| Type of grout (circle one): Cement <u>Bentonite</u> Mix | | |
| Casing length: <u>92</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 _____ feet to _____ 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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AUG 30 2004

BY: OLWR

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-161

Elevation: _____

County: Leflore
 Permit #: 6W-39771
 Irrigation Equipment
 Driller: _____
 Date completed: 8-16-04

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): Conventional Survey, |
| <u>Schlater, MS 38952</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | NE <u>1/4</u> NE <u>1/4</u> Sec <u>18</u> Twn <u>20N</u> Rng <u>2W</u> |
| <u>662-254-7322</u> | Distance Direction Nearest Town |
| Telephone No. () _____ | <u>6</u> Miles <u>SW</u> of <u>Schlater</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | 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>8-16-04</u> | Setting Depth: <u>80</u> feet |
| Rated Pump Capacity: <u>2500</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>59'</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)

Signature of Pump Installer

Patrick M. Chism

RECEIVED

AUG 30 2004

BY: OLWR