	•	•
County: Leflore O  Permit #: OW 39771  Irrigation Equipment Driller:  Date drilling completed: 8-16-0  State Law requires that this	Mississippi Departmer Office of Land a P.O. I Jackson, N (601)	Vell Report Part 1 It of Environmental Quality and Water Resources Box 10631 IS 39289-0631 1961-5210 4-6938 (fax)
30 days of completion of dril	ling of the well.	
Well Owner Info	rmation	We
Owner Name Tackett Fig.	sh Farms	Latitude: 33 . 35 . 56
Mailing Address: 23939 Count	ty Road 523	Method of Lat/Long (circle of
•		_

For Office Use Only:
Aquifer:
Well#: F-161
L. S. Elevation:
E-log #:

filed with the Department within

30 days of completion of drilling of the well.	
Well Owner Information	Well Location
Owner Name Tackett Fish Farms	Latitude: 33 . 35 , 56N Longitude: 90 . 26, 09W,
Mailing Address: 23939 County Road 523	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, and-held GPS, Survey-grade GPS
Schlater, MS 38952	NE 14 NE 14 Sec 18 Twn 20N Rng 2W
City State Zip Code 662-254-7322 Telephone No. ()	Distance Direction Nearest Town  6 Miles SW of Schlater
Well 1	Data E Dond
Purpose of Well (circle one) Home Industrial Public Supply	Danlagement
Date well drilling started: $8-16-04$ Date	
Date well drilling started: Date	well drilling completed:
If flowing, method of flow regulation: Valve Other (d	lescribe)
Static Water Level: 59ft. feet above or below (circle one)	land surface Date measured: $8-16-04$
	air line other:
	Well grouted to a depth offeet
weil depui.	wen grouted to a deput ofleet
Type of grout (circle one): Cement Bentonite Mix	
Casing length: 92 feet Casing diameter: 16	inches Type of casing: PVC Sch. 40
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVC Sch. 40
Screen slot size: .050 inches Setting depth: From	See Back feet to feet
Type of completion (circle all applicable): travel packed Under	
`	
Top of lap pipe or reduction in casing:feet. If to	
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 De	
Irrigation Equipment Inc.	D+
Patrick M. Chism 0695	Takels M Chisa
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

RECEIVED

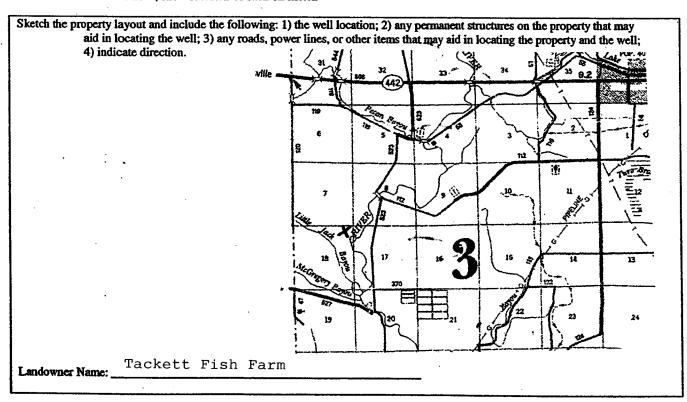
AUG 3 0 2004

BY: OLWR

Ground Level	
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Description of Formations Encountered	From	To
Clay	0	29
Fine Sand	30	35
Fine Sand/gravel	36	55
Med. Sand/gravel	56	97
Fine Sand	98	101
Med. Sand/gravel	102	132
Screen 88-97	<del> </del>	
Screen 103-132		
	<del> </del>	
	1	1

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



Signature of Water Well Contractor

## STATE WELL REPORT

## Part 2

Leflore County: Permit #: 6w - 3977 Irrigation Equipment Driller: 8-16-04 Date completed:

**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:		

	Well Owner Inform	nation	Well Location
Owner Name:	Tackett Fi	sh Farm	Latitude:Longitude:
Mailing Address:	23939 Coun	ty Road 523	Method of Lat/Long (circle one): Conventional Survey,
	Schlater, City Sta 62-254-7322	te Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS  NE 1/4 NE 1/4 Sec 18 Twn 20N Rng 2W  Distance Direction Nearest Town  6 Miles SW of Schlater
	Pump Type Circle one		Power Type Circle one
Air Lift	Jet	Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket	Piston	Turbine	lectric Moto Hand Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill Other (specify):
Other (specify): _			Horse Power Rating of Motor: 60
Date Pump Install	led: 8-16-	-04	Setting Depth:feet
Rated Pump Capa	city: 2500	Gallons Per Minute	Number of Stages:2
	Pump Test Da		Method of Measuring Water Level Circle one
Static Water Leve	evel (B):F	Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape  Other (specify):
		Reet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rat		Gallons Per Minute	Well yieldedGPM with a drawdown of
D	Test (minimum 4 hou	rs):hours	feet afterhours of pumping

Vanus IVI Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer