

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-171
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: 6W 40573
Irrigation Equipment
Driller: _____
Date drilling completed: 8-18-05

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: _____ Longitude: _____
Mailing Address: <u>23939 County Road 523</u>	Method of Lat/Long (circle one): Conventional Survey, <u>NW</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Schlater, MS 38952</u>	<u>SW</u> $\frac{1}{4}$ SW $\frac{1}{4}$ Sec <u>1916</u> Twn <u>20N</u> Rng <u>2W</u>
City State Zip Code <u>Schlater, MS 38952</u>	Distance Direction Nearest Town <u>8</u> Miles <u>SW</u> of <u>Schlater</u>
Telephone No. (<u>662</u>) <u>254-7322</u>	
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation <u>Fish Culture</u> <u>Pond B1-3 Replacement</u>	
Date well drilling started: <u>8-18-05</u> Date well drilling completed: <u>8-18-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>52'</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>8-18-05</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>136</u> Well depth: <u>136'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>96</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>71</u> feet to <u>110</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	<u>Patrick M. Chism</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

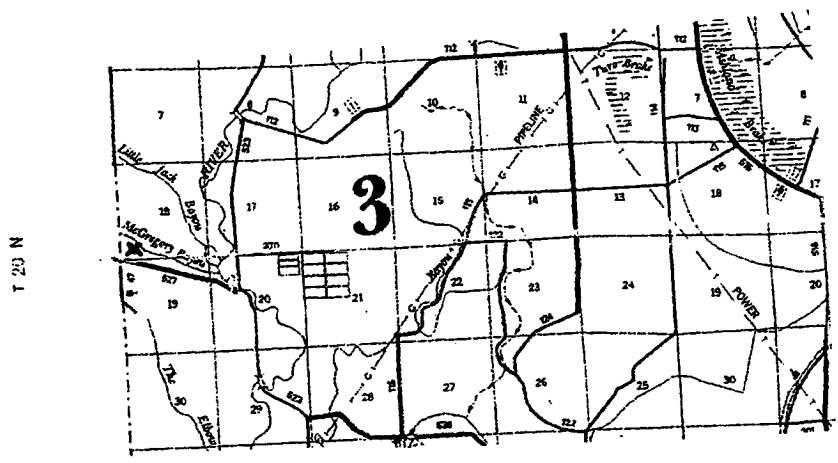
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	25
Fine Sand	26	35
Fine Sand/gravel	36	45
Med. Sand/gravel	46	110
Fine Sand	111	130
Clay	130	136

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: _____



 Signature of Water Well Contractor

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)

County: Leflore
 Permit #: GW 40573
 Irrigation Equipment
 Driller: _____
 Date completed: 8-18-05

For Office Use Only:

Aquifer: _____
 Well #: F171
 Elevation: _____

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, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Schlater, MS 38952</u> City State Zip Code	<u>SW 1/4 SW 1/4 Sec 19 Twn 20N Rng 2W</u>
Telephone No. () <u>662-254-7322</u>	Distance Direction Nearest Town <u>8 Miles SW of Schlater</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>8-18-05</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>2000</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): _____ 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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
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 Patrick M. Chism
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer