

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)

County: Reelfoot
 Permit #: _____
 Driller: Ratliff Water Well
 Date drilling completed: 3-10-06

For Office Use Only:
 Aquifer: _____
 Well #: F-172
 L. S. Elevation: _____
 E-log #: _____

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 Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>23939 CR 523</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>Schlofer MS 38952</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 20 Twn 20N Rng R2W</u>
Telephone No. <u>(662) 254-7322</u>	Distance <u>9</u> Miles Direction <u>NW</u> of Nearest Town <u>ITA Bena</u>

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 2-27-06 Date well drilling completed: 3-10-06

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 3-12-06

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 1200 ft Well depth: 1135 ft Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 2" 800 feet Casing diameter: 4 1/2 inches Type of casing: Steel

Screen length: 20 feet Screen diameter: 2" inches Type of screen: SS pipe wrap

Screen slot size: 10 inches Setting depth: From 1115 feet to 1135 feet

Type of completion (circle all applicable): Gravel packed 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): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): N/A

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.

Ratliff Water Well 0-002
 Print Name of Water Well Contractor and License No.

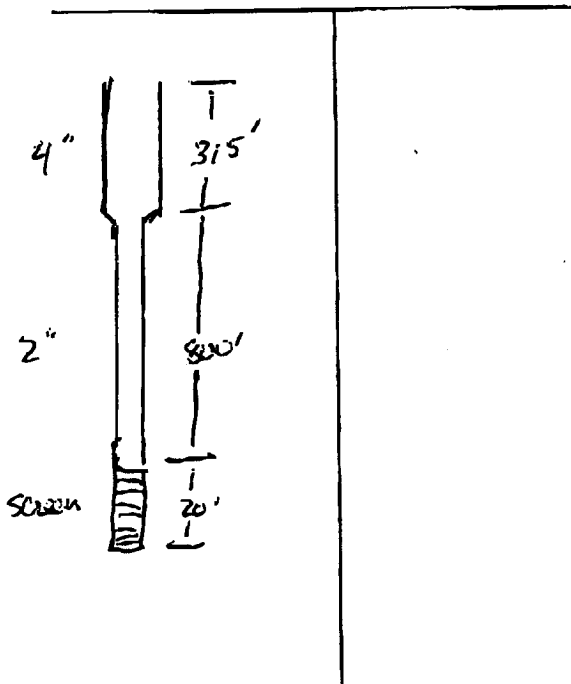
Robert Ratliff
 Signature of Water Well Contractor

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F-172

If well telescopes please sketch below and show depths.

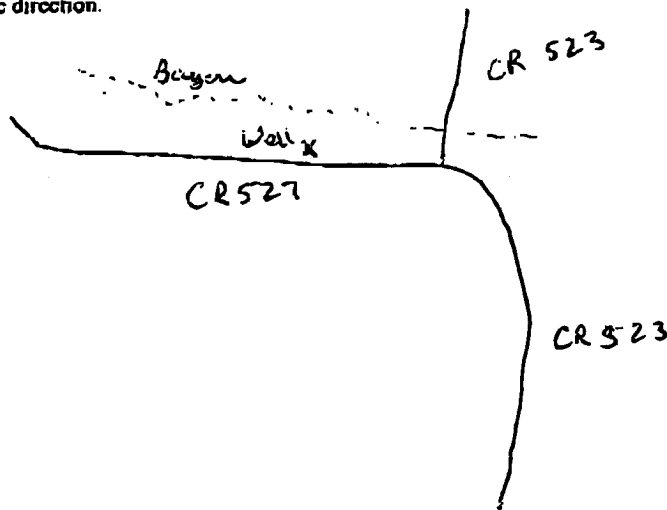
Ground Level



Description of Formations Encountered	From	To
Clay	0	20
sand	20	40
gravel	40	160
Clay + sand	160	260
sand	260	280
clay	280	320
clay + sand	320	440
sand	440	670
shale	590	635
Rock	635	637
shale	637	665
Rock	665	667
shale	667	746
Rock	746	745
sand	745	800
Rock	800	801
sand	801	835
Rock	835	836
clay w/ sand streaks	836	1080
sand	1080	1140
sand w/ clay streaks	1140	1200

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: Tackett Fish Farms

Robert Rattiff
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)

Country: LeFlora
 Permit #: _____
 Driller: RetLiff water well
 Date completed: 3-15-06

For Office Use Only:
 Aquifer: _____
 Well #: F-172
 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 Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>23939 CR 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>1/4 1/4 Sec 20 Twp 20N Rng 2W</u>
Telephone No. <u>(662) 254-7322</u>	Distance Direction Nearest Town <u>9 Miles NW of FFA Benc</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <u>Electric Motor</u>	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2 hp</u>
Date Pump Installed: <u>3-15-04</u>	Setting Depth: <u>147</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>10</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.

Bob RATLIFF 0-7469
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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