	State Well Report	
County: Leflore	Part 1	For Office Use Only:
C 1//2 20	Mississippi Department of Environmental Quality	Aquifer:
Permit#: 6w41272 Irrigation Equipment	Office of Land and Water Resources P.O. Box 10631	Well #: F-174
Driller: 7-19-06	Jackson, MS 39289-0631 (601)961-5210	L. S. Elevation:
	(601)354-6938 (fax)	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.

30 days of completion of drilling of the well.				
Well Owner Information	Well Location			
Owner Name	Latitude: 33 • 34 45 • 6 Longitude: 90 • 25 • 23 • 0			
Mailing Address: 23939 County Road 523	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Schlater MS 38952	SW 1/SE 1/4 Sec 20 Twn20N Rng 2W			
City State Zip Code 662-254-7322 Telephone No. ()	Distance Direction Nearest Town 7 Miles SW of Schlater			
. Well I	Pond 24			
Purpose of Well (circle one) Home Industrial Public Supply	Ponlagoment			
Date well drilling started: 7-19-06 Date w	vell drilling completed: 7-19-06			
If flowing, method of flow regulation: Valve Other (d	escribe)			
Static Water Level: 60' feet above or below circle one) l	and surface Date measured: 7-19-06			
Method of Measurement (circle one) deel tape electric tape	air line other:			
Hole depth: 120 Well depth: 120	Well grouted to a depth offeet			
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 60 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	81feet to120 _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):				
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	Patrid M Chi			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

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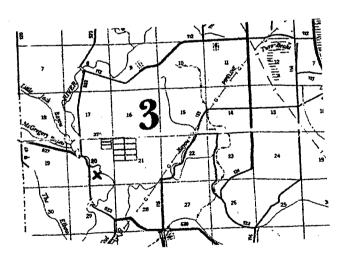
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Ground Level

Description of Formations Encountered	From	To
Clay	0	37
Fine Sand	38	67
Coarse Sand/gravel	68	118
Clay	119	120
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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

Leflore County: __ Permit #: 6 W 4/272 Irrigation Equipment

7-19-06 Date completed:

Copy information from block on Part 1

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#:	-114		
Elevation:			

This part of the report must be	e attached and both po	pleted by a licensed water we arts filed with the Departmen	Il contractor or a lice t at the above address	msed pump installer. A co s within 30 days of well co Well Location	py of Part 1 of the napletion.
	Well Owner Inf	oferation		Acut Tocarion	
Owner Name:	wner Name: Tackett Fish Farm Latitude: Longitude:				
Mailing Addres	23939 Coun	ty Road 523	Method of Lat/Long (check one): Conventional Survey,		
			USGS quad	, Hand-held GPS, Sur	rvey-grade GPS
	Schlate	r MS 38952	1/4	½ Scc 20 T20N	R 2W
		State Zip Code	Distance	Direction Nearest	•
662-254-7322 Telephone No. () Pump Type		7 Miles	SW of Schla	ater	
			Power Type		
Circle one		1	Circle one		
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas

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 Ratin	g of Motor: 60	
Date Pump Installed:	7-	19-06	Setting Depth:	80	feet
Rated Pump Capacity:	2300	Gallons Per Minute	Number of Stages:	2	

Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested:			
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):		
Pumping Water Level (B):Feet Below Land Surface	Outer (specify).		
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		

I HEREBY CERTIFY that the above statements are true to the best of Patrick M. Chism 0695	my inpwietige.	DECEMBO
Patrick M. Chism 0695	Patrix VI Chin	RECEIVED
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	1000 E 0 200
		Form: (ALLIAR) ISVARZURO