

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-179
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: 6W41596
Irrigation Equipment
Driller: _____
Date drilling completed: 3-8-07

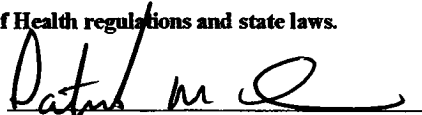
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Tackett Fish Farm</u>	Latitude: <u>33 33 36.9N</u> Longitude: <u>90 25 19.2</u>
Mailing Address: <u>23939 County Road 523</u>	Method of Lat/Long (circle one): <u>37</u> Conventional Survey, <u>19</u>
<u>Schlater MS 38952</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE</u> <u>NE</u> Sec <u>32</u> Twn <u>20N</u> Rng <u>2W</u>
Telephone No. () _____	Distance: <u>6</u> Miles Direction: <u>NW</u> Nearest Town: <u>Itta Bena</u>

Well Data		Replacement
Purpose of Well (circle one) Home Industrial Public Supply Irrigation <u>Fish Culture</u> <u>Other</u> E-6		
Date well drilling started: <u>3-8-07</u>	Date well drilling completed: <u>3-8-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____		
Static Water Level: <u>57'</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>3-9-07</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____		
Hole depth: <u>131</u> Well depth: <u>131</u> Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one): Cement <u>Bentonite</u> Mix		
Casing length: <u>71</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC Sch. 40</u>		
Screen length: <u>60</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>72</u> feet to <u>131</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



Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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MAR 30 2007

BY: OLWR

F.

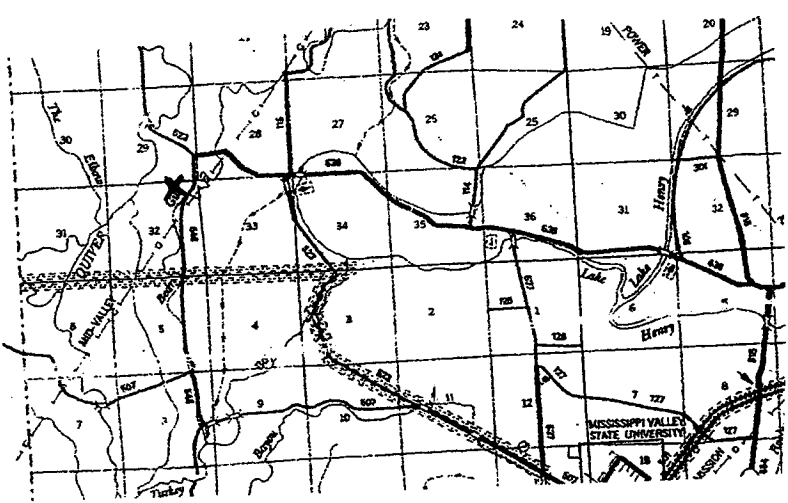
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	28
Fine Sand	29	35
Fine Sand/gravel	36	48
Med. Sand/gravel	49	111
Clay	112	119
Med. Sand/gravel	120	131

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: _____

Patrick M. O...

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 #: 6W4159L
 Irrigation Equipment
 Driller: _____
 Date completed: 3-8-07

For Office Use Only:

Aquifer: _____
 Well #: F-129
 Elevation: _____

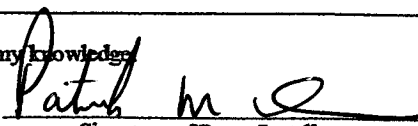
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

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): <u>Conventional Survey,</u>
<u>Schlater MS 38952</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 Sec 32 Twn 20N Rng 2W</u>
<u>662-254-7322</u>	Distance Direction Nearest Town
Telephone No. () _____	<u>6 Miles NW of Itta Bena</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	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>60</u>
Date Pump Installed: <u>3-9-07</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): _____ 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

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MAR 30 2007

BY OLWR