

**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: Leflore
 Permit #: GW42417
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 4-9-08

For Office Use Only:

Aquifer: _____
 Well #: F186
 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 Fish Farm</u>	Latitude: <u>33.37.00.1</u> Longitude: <u>90.26.52.0</u>
Mailing Address: <u>23939 County Rd 523</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Schlater</u> Ms. <u>38952</u>	<u>NE 1/4 SW 1/4</u> Sec <u>7</u> Twn <u>20N</u> Rng <u>2W</u>
City State Zip Code	SE NW Distance Direction Nearest Town
Telephone No. <u>662 658-9944</u>	<u>5</u> Miles <u>SW</u> of <u>Schlater</u>

Well Data Old well 16" steel 25' SW Pond m-11

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

Date well drilling started: 4-9-08 Date well drilling completed: 4-9-08 6W

If flowing, method of flow regulation: Valve _____ Other (describe) _____ 3895

Static Water Level: 58 feet above or below (circle one) land surface Date measured: 4-10-08

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet **RECEIVED**

Type of grout (circle one): Cement Bentonite Mix

Casing length: 81 feet Casing diameter: 16 inches Type of casing: PVC APR 10 2008

Screen length: 46 feet Screen diameter: 16 inches Type of screen: PVC YMD JOINT WATER MANAGEMENT DISTRICT

Screen slot size: .050 inches Setting depth: From _____ feet to _____ feet See back

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

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor [Signature]

412417

If well telescopes please sketch below and show depths.

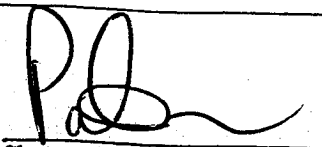
Ground Level

Description of Formations Encountered	From	To	
Clay	0	27	
Fine Sand	28	38	
Fine Sand + Gravel	39	45	
Medium Sand + Gravel	46	69	
Fine Sand	70	84	- Blanked 15'
Medium Sand + Gravel	85	111	
Fine Sand + Clay	112	127	- Blanked 15'
Screen			
50 - 69	20'		
86 - 111	26'		

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 Farm



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 #: _____
 Irrigation Equipment
 Driller: _____
 Date completed: 4-9-08

For Office Use Only:

Aquifer: _____
 Well #: F186
 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> Mailing Address: <u>23939 County Rd 523</u> <u>Schlater Ms. 38952</u> <small>City State Zip Code</small>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 7 Twn 20N Rng 2W</u>
Telephone No. <u>(662) 658-9944</u>	Distance Direction Nearest Town <u>5 Miles SW of Schlater</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>80</u> feet Number of Stages: <u>3</u>
Date Pump Installed: <u>4-10-08</u> Rated Pump Capacity: <u>1500±</u> Gallons Per Minute	

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

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