

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 #: GW42602
Irrigation Equipment
Driller:
Date drilling completed: 6-23-08

For Office Use Only:
Aquifer:
Well #: F-189
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 Planting Co.</u>	Latitude: <u>33° 38' 06.4"</u> Longitude: <u>90° 26' 13.1"</u>
Mailing Address: <u>219 Dodd Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sunflower Ms. 38778</u>	<u>SW 1/4 NW 1/4 Sec 8 Twn 20N Rng 2W</u>
City State Zip Code	NE NE 6
Telephone No. ()	Distance <u>4</u> Miles Direction <u>SW</u> of Nearest Town <u>Schlater</u>

Well Data

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

Date well drilling started: 6-23-08 Date well drilling completed: 6-23-08

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

Static Water Level: 54 feet above or below (circle one) land surface Date measured: 6-25-08

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

Hole depth: 136 Well depth: 136 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 86 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 87 feet to 136 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

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

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If well telescopes please sketch below and show depths.

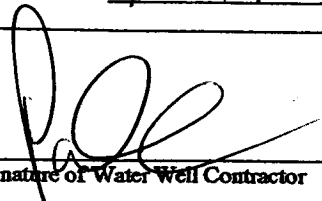
Ground Level

Description of Formations Encountered	From	To
Clay	0	37
Course Sand + Gravel	38	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: Tackett Planting Co.



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)

County: Leflore
Permit #:
Irrigation Equipment
Driller:
Date completed: 6-23-08

For Office Use Only:
Aquifer:
Well #: F-189
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: Tackett Planting Co., 219 Dodd Road, Sunflower Ms. 38778
Well Location: SW 1/4 NW 1/4 Sec 5, Twn 20N Rng 2W, 4 miles SW of Schlater

Pump Type: Turbine
Power Type: Electric Motor
Date Pump Installed: 6-25-08
Rated Pump Capacity: 2300+ Gallons Per Minute
Setting Depth: 80 feet
Number of Stages: 2

Pump Test Data:
Date Well Tested:
Static Water Level (A):
Pumping Water Level (B):
Drawdown [(B) - (A)]:
Test Pumping Rate:
Duration of Pump Test (minimum 4 hours):
Method of Measuring Water Level:
Air Line, Electric Measuring Line, Steel Tape
For flowing well, measured shut in head:
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