

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 #: 20042698
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 6-25-08

For Office Use Only:
 Aquifer: _____
 Well #: F-191
 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>Scotland Fisheries</u>	Latitude: <u>33° 32' 47.6"</u> Longitude: <u>90° 25' 49.2"</u>
Mailing Address: <u>22550 County Rd 507</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Itha Beng Ms. 38941</u>	SW 1/4 SW 1/4 Sec <u>3</u> Twn <u>20N</u> Rng <u>2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 254-9106</u>	<u>7</u> Miles <u>NW</u> of <u>Itha Beng</u>

Well Data

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

Date well drilling started: 6-25-08 Date well drilling completed: 6-25-08

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

Static Water Level: _____ feet above of below (circle one) land surface Date measured: _____

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

Hole depth: 110 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: S.S.

Screen slot size: See back inches Setting depth: From See back feet to _____ 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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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 #: 0042698
 Irrigation Equipment
 Driller: _____
 Date completed: 6-25-08

For Office Use Only:

Aquifer: _____
 Well #: F-191
 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.

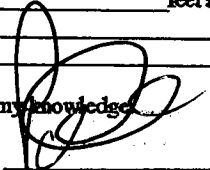
Well Owner Information	Well Location
Owner Name: <u>Scotland Fisheries</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>22550 County Rd 507</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Itta Bena Ms. 38941</u> City State Zip Code	<u>SW 1/4 SW 1/4 Sec 32 Twn 20N Rng 2W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>7 Miles NW of Itta Bena</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input type="radio"/> Submersible <input type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> <u>Turbine</u> <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-1-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2300 ±</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 <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
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.

Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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- 262 BA, F1
- 263 D4, E4, G1
- 268 F1
- 271 F1
- 272 F1
- 273 F1
- 274 E1
- 275 E1
- 279 E2
- 280 E2
- 281 E1
- 282 D1, E1, E2
- 283 E1
- 284 D2
- 285 D1
- 286 D1
- 287 E1
- 288 E1
- 289 E1
- 290 E1
- 291 E1
- 293 E3
- 294 E3, F3
- 295 E2, F2
- 296 B1
- 297 A2, A3
- 298 B1
- 299 B1
- 300 C3
- 301 C2
- 302 D1
- 303 E1
- 304 D2
- 305 E1, E2
- 306 D2
- 315 B4, F1
- 317 D3
- 318 C4
- 350 C3, C4
- 363 D3
- 364 E2, F2
- 367 C4
- 369 C2
- 370 C1
- 372 A4, D3
- 378 D4
- 393 B1
- 394 A1
- 395 B2
- 396 A1
- 397 A4
- 398 A4
- 418 C3
- 420 A2
- 421 B2
- 422 A2
- 426 B1
- 441 D2
- 442 B4
- 443 E2
- 444 E3
- 450 B2
- 453 E3
- 454 B3
- 455 D3
- 456 D3
- 482 D4
- 474 E1
- 503 D4
- 506 A1
- 507 A4, D1, D2
- 508 F1
- 509 E2, F2
- 510 E1
- 511 E2, E3
- 512 B4, D3, E2, E3
- 513 D1, E1
- 514 A3, D1, D2
- 515 C2, D2
- 516 C2
- 517 C2
- 518 B3, C3
- 520 D3, D4, F4
- 521 C4
- 522 A1, A2, A3, B2
- 523 B1, C1, D1
- 524 E3, F3
- 525 A1, A2, C3, D3
- 526 A2, A3
- 527 C1
- 528 B4, F1
- 528 G1
- 530 F1
- 531 B1
- 533 E3
- 534 F2
- 535 E1
- 536 A4, D1
- 537 D1
- 538 C1, C2, D2
- 539 C2, D2
- 540 D3
- 541 B3
- 542 B3
- 543 B2, B3, B4
- 544 A1, B1
- 545 A1
- 546 C1, D1, E1
- 547 E1
- 548 E1, E2
- 549 A1, A2
- 550 A2, A3
- 552 F1
- 553 F1, F2, G1
- 554 A1
- 555 B4, D2, D3, E2, E3, F2
- 556 F3
- 557 E3, E4
- 559 B1, B2, B3
- 565 G1
- 577 D2
- 583 D2
- 626 B3, C3, D3
- AMANDA DR. F4
- ARNALD DR. E4
- B LAKE G3
- BIRD ST. E4
- BROWNING RD. F4
- CADILLAC CV. F4
- CHAMPANGE ST. E4
- CORNELIUS ST. G2
- CYPRESS LN. F2, G2
- DALLAS ST. F4
- DAVID JORDAN AV. A4
- DELTA APTS DR. F4
- DELTA DR. A4
- DOGWOOD LN. F4
- DOROTHY BOWENS ST. A4
- FANNIE LOU HAMMER ST. A4
- FOREST AVE. G3
- FREE SMITH ST. A4
- FRONTAGE RD. A4
- GOSS LN. F4
- GREEN ST. F3
- GRENADA LN. F4

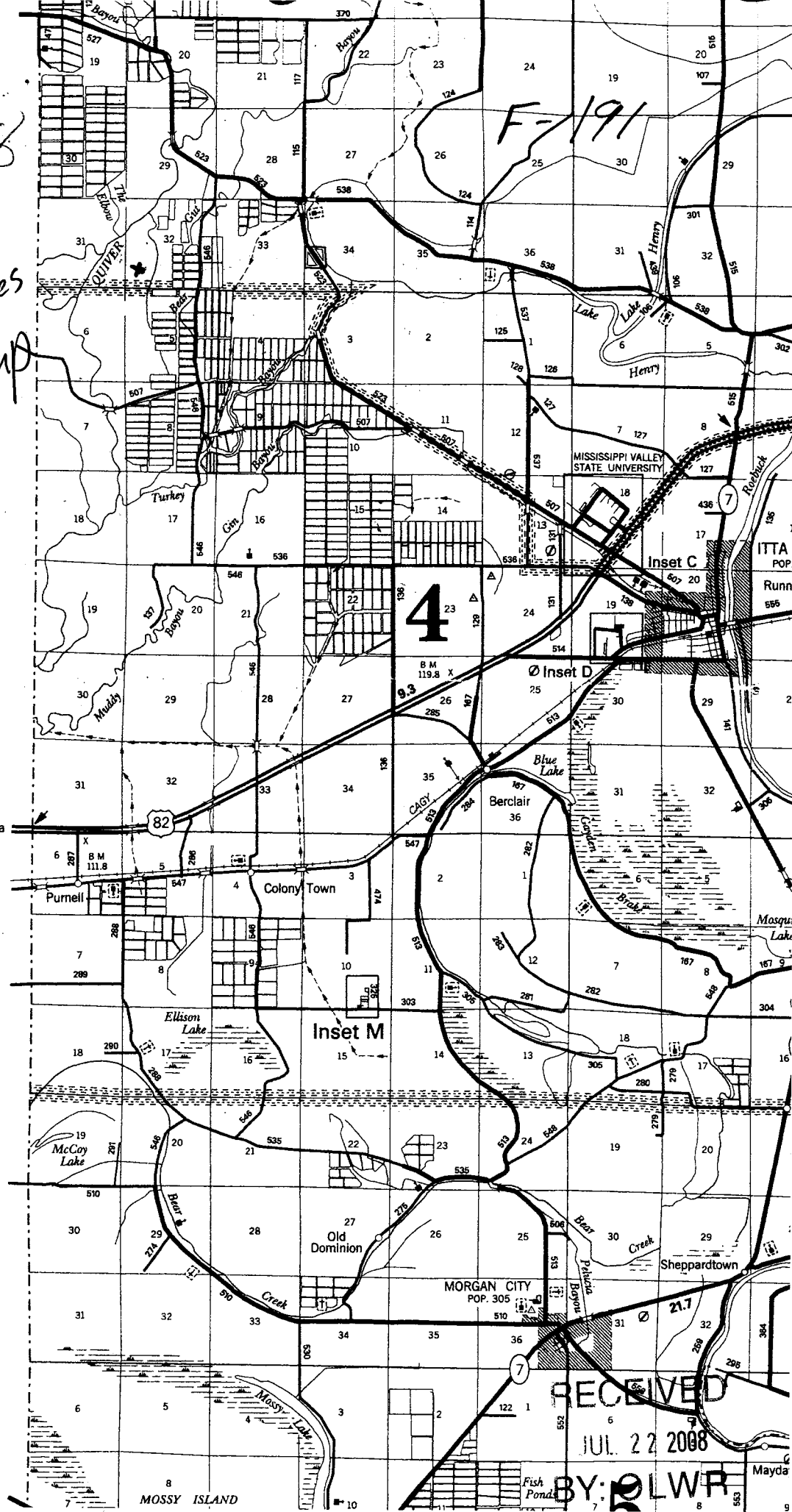
6042698
 Scotland Fisheries Map

T 20

T 19 N

T 18 N

SUNFLOWER COUNTY



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