

County: Leflore  
 Permit #: GW-44852  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 10-13-2010

**State Well Report**  
**Part I - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961- 5210  
 (601)961- 5228 (fax)

For Office Use Only:  
 Aquifer: F 203  
 Well #: \_\_\_\_\_  
 I. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well) Owner Name: <u>Tackett Fish Farm</u> Mailing Address: <u>23939 County Road 523</u> <u>Schlater MS 38952</u> City State Zip Code <u>662-254-7322</u> Telephone No. ( ) _____		<b>Well or Borehole Location</b> <u>33 33 58.1</u> <u>90 26 22.7</u> Latitude: " " " Longitude: " " " Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE ¼ SE ¼ Sec. 30 Twn 20N Rng 2W</u> Distance Direction Nearest Town Miles of _____	
<b>Well / Borehole Data</b>			
Date drilling started: <u>10-13</u>		Date drilling completed: <u>10-13</u>	
Hole depth: <u>116</u>		Hole diameter: <u>24"</u>	
Location of the source of any surface water used for drilling: <u>Surface Water</u>			
Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM</u>			
Logs run (circle all applicable): <u>(No log run)</u> Electric Gamma Ray Density Sonic Neutron Other: _____			
Name of organization running log(s): _____			
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____			
Scismic Survey _____ Other (describe) _____			
<i>If drilling is not related to water well construction, skip the remainder of this block</i>			
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ <u>Replacement</u> <input checked="" type="checkbox"/> Other: <u>Ponds 41-43</u>			
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>60'</u> feet above or <u>below</u> (circle one) land surface		Date measured: <u>10-14-2010</u>	
Method of Measurement (circle one) steel tape electric tape air line other: _____			
Well depth: <u>116</u> Well grouted to a depth of <u>10</u> feet		Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>76</u> feet Casing diameter: <u>16</u> inches		Type of casing: <u>pvc</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches		Type of screen: <u>pvc</u>	
Screen slot size: <u>.050</u> inches		Setting depth: From <u>77</u> feet to <u>116</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. <i>If telescoped or more than one screen, describe on next page</i>			

Form: OLWR-SWR-1A (04/08)

Bad 16" steel well is 25' north.

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YMD Iowa Water Mgmt Dist

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BY: OLWH

F 203

*The sketch below only required for water wells*

*If well telescopes, show depths on sketch.*

Ground Level →

*Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.*

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	28
Fine Sand	29	36
Fine Sand/gravel	37	44
Med Sand/gravel	45	102
Clay	103	116

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) a north arrow.

Landowner Name: Tackett Fish Farm

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Patrick M Chism      0695

*Patrick M Chism* (Handwritten Signature)

**Print Name of Responsible Licensee and License No.      Date**

**Signature of Licensee**

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County: Leflore

Permit #: \_\_\_\_\_  
**Irrigation Equipment**  
 Driller: \_\_\_\_\_  
 Date completed: 10-13-2010  
*Copy information from block on Part 1*

**STATE WELL REPORT**

**Part 2**

Pump Installer's Completion Report  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

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 (check one): Conventional Survey _____
<u>Schlater MS 38952</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	_____ $\frac{1}{4}$ _____ $\frac{1}{4}$ Sec: <u>30</u> T <u>20N</u> R <u>2W</u>
Telephone No. ( _____ ) <u>662-254-7322</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type	Power Type
Circle one: <input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input checked="" type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>10-14-2010</u> Rated Pump Capacity: <u>1600</u> Gallons Per Minute	Circle one: <input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>90</u> feet Number of Stages: <u>2</u>
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one: <input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> 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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one):  New Well  Replacement of Existing Pump  Repair of Existing Pump

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]  
 Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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 BY: [Signature]