

County: Leflore  
 Permit #: GW-45413 ✓  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 7-23-11

**State Well Report**  
**Part 1 – 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: 6/44  
 Well #: \_\_\_\_\_  
 L. 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.*

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Tackett Fish Farms</u>	Latitude: <u>33° 33' 06.1"</u> Longitude: <u>90° 19' 32.5"</u>
Mailing Address: <u>23939 C.R. 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>SW</u> 1/4 <u>SW</u> 1/4 Sec <u>32</u> ✓ Twn <u>20N</u> ✓ Rng <u>1W</u> ✓
City State Zip Code	<u>SE</u> Distance Direction Nearest Town <u>3</u> Miles <u>N</u> of <u>Itta Bena</u>
Telephone No. ( ) _____	

**Well / Borehole Data**

Date drilling started: 7-23-11 Date drilling completed: 7-23-11 Hole depth: 127 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water  
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_  
*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture  Other: Replacement

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 53 feet above of below (circle one) land surface Date measured: 7-23-11

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

Well depth: 127 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 87 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 88 feet to 127 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 next page*

Old Well 16" Steel 50' South

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

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BY: OLWR

6144

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level  $\rightarrow$

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	23
Fine Sand	24	49
Fine Sand & Gravel	50	60
Medium Sand & Gravel	61	127

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

Print Name of Responsible Licensee and License No.      Date

Signature of Licensee

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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 2309  
Jackson, MS 39225  
(601)961-5210  
(601)961-5228 (fax)

County: Leflore  
Permit #: GW-45413  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date completed: 7-23-11  
*Copy information from block on Part 1*

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: G144  
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 C.R. 523</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Schlater Ms. 38952</u>	<u>SW 1/4 SW 1/4 Sec 32 T 20N R 1W</u>
City State Zip Code	Distance Direction Nearest Town <u>3 Miles N of ITM Beng</u>
Telephone No. ( ) _____	

Pump Type	Power Type
Air Lift Bucket Centrifugal Other (specify): _____ Date Pump Installed: <u>7-23-11</u> Rated Pump Capacity: <u>2300 ±</u> Gallons Per Minute	Diesel Engine <input checked="" type="checkbox"/> Electric Motor Windmill Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>80</u> feet Number of Stages: <u>2</u>
Circle one Jet Submersible Piston <input checked="" type="checkbox"/> Turbine Rotary Flowing Well	Circle one Gasoline Engine Natural Gas Hand Tractor PTO Other (specify): _____

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one 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 _____ 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-1G (07-09)

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