

State Well Report

Part I

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)

For Office Use Only:

Aquifer: _____
Well #: 1161
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: 42377
Driller: Irrigation Equipment
Date drilling completed: 3-17-08

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' 16.7"</u> Longitude: <u>90° 23' 48.6"</u>
Mailing Address: <u>22550 County Rd. 507</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>ITtg Beng Ms. 38941</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 3 Twn 19N Rng 2W</u>
Telephone No. <u>662 254-9106</u>	Distance Direction Nearest Town
	<u>5 Miles SW of ITtg Beng</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation <u>Fish Culture</u> <u>Other</u> <u>Replacement</u>	<u>GW-7786</u>
Date well drilling started: <u>3-17-08</u>	Date well drilling completed: <u>3-17-08</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>52</u> feet above of <u>below</u> (circle one) land surface	Date measured: <u>3-18-08</u>
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>133</u> Well depth: <u>133</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>93</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>Stainless Steel</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>94</u> feet to <u>133</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. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable) <u>No log run</u> 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: Patrick M. Chism

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42377

MAR 31 2008

YMD JOINT WATER MANAGEMENT DISTRICT

**State Well Report
Part I**

County: Leflore
 Permit #: 0042377
 Driller: Irrigation Equipment
 Date drilling completed: 3-17-08

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)

For Office Use Only:

Aquifer: _____
 Well #: J-161
 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' 16.7"</u> Longitude: <u>90° 23' 48.6"</u>
Mailing Address: <u>22550 County Rd. 507</u>	Method of Lat/Long (circle one): <u>17</u> Conventional Survey, <u>48</u>
<u>Itta Bena Ms. 38941</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 3 Twn 19N Rng 2W</u>
Telephone No. <u>662 254-9106</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>SW</u> of <u>Itta Bena</u>

Well Data

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

Date well drilling started: 3-17-08 Date well drilling completed: 3-17-08

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

Static Water Level: 52 feet above or below (circle one) land surface Date measured: 3-18-08

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

Hole depth: 133 Well depth: 133 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 93 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: Stainless Steel

Screen slot size: .050 inches Setting depth: From 94 feet to 133 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. _____

Patrick M. Chism
 Signature of Water Well Contractor

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 MAR 24 2008
 BY: OLWR

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 #: 00042377
 Irrigation Equipment
 Driller: _____
 Date completed: 3-17-08

For Office Use Only:

Aquifer: _____
 Well #: J-161
 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.

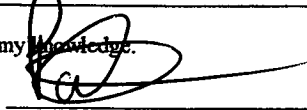
Well Owner Information	Well Location
Owner Name: <u>Scotland Fisheries</u> Mailing Address: <u>22550 County Rd. 507</u> <u>Itta Bena Ms. 38941</u> <small>City State Zip Code</small>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 3 Twn 19N Rng 2W</u> Distance Direction Nearest Town <u>5 Miles SW of Itta Bena</u>
Telephone No. <u>(662) 254-9106</u>	

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>30</u> Setting Depth: <u>80</u> feet Number of Stages: <u>2</u>
Date Pump Installed: <u>3-18-08</u> Rated Pump Capacity: <u>1400 ±</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

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 MAR 24 2008
 BY: OLWR

