

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)

For Office Use Only:

Aquifer:
Well #: J166
L. S. Elevation:
E-log #:

Driller: Leflore
Permit #: 42697
Drilling Equipment
Date drilling completed: 7-11-08

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: Owner Name Scotland Fisheries, Mailing Address 22550 County Rd. 507, Itta Bena Ms. 38941. Well Location: Latitude 33.30261, Longitude 90.23417, Method of Lat/Long Conventional Survey, SE 1/4 SE 1/4 Sec 15 Twn 19N Rng 2W, Distance 3 Miles W of Itta Bena.

Well Data: Purpose of Well Fish Culture, Date well drilling started 7-11-08, Date well drilling completed 7-11-08, Static Water Level 50 feet above or below land surface, Date measured 7-14-08, Hole depth 110 feet, Well depth 110 feet, Well grouted to a depth of 10 feet, Type of grout Bentonite, Casing length 70 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 .060 inches, Setting depth From 71 feet to 110 feet, Type of completion Gravel packed.

Name of organization running log(s): Irrigation Equipment Inc, Patrick M. Chism 0695. Signature of Water Well Contractor: [Signature] 29 2008.

YMD JOINT WATER MANAGEMENT DISTRICT

42697

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Office of Land and Water Resources  
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For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: J-166  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Leflore  
Permit #: 00042697  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 7-11-08

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° 30' 26.1"</u> Longitude: <u>90° 23' 41.1"</u>
Mailing Address: <u>22550 County Rd. 507</u>	Method of Lat/Long (circle one): <u>26</u> Conventional Survey, <u>41</u>
	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Itta Bena</u> Ms. <u>38941</u>	<u>SE 1/4 SE 1/4</u> Sec <u>15</u> Twn <u>19N</u> Rng <u>2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( )	<u>3</u> Miles <u>W</u> of <u>Itta Bena</u>

Well Data

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

Date well drilling started: 7-11-08 Date well drilling completed: 7-11-08

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 7-14-08

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: Stainless Steel

Screen slot size: .060 inches Setting depth: From 71 feet to 110 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: Pat

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BY: OLWR

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If well telescopes please sketch below and show depths.

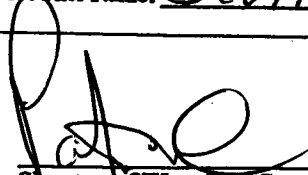
Ground Level

Description of Formations Encountered	From	To
Clay	0	24
Fine Sand	25	34
Fine Sand + Gravel	35	43
Medium Sand + Gravel	44	108
Fine Sand	109	110

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: Scotland Fisheries

  
 \_\_\_\_\_  
 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 #: 2004269  
**Irrigation Equipment**  
 Diller: \_\_\_\_\_  
 Date completed: 7-11-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: J-166  
 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.

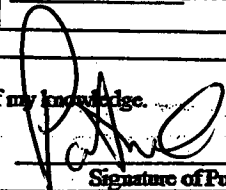
Well Owner Information	Well Location
Owner Name: <u>Scotland Fisheries</u> Mailing Address: <u>22550 County Rd 507</u>  <u>Itha Beng Ms. 38941</u> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div> Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 SE 1/4 Sec 15 Twn 19N Rng 2W</u>  Distance      Direction      Nearest Town <u>3</u> Miles <u>W</u> of <u>Itha Beng</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>60</u> Setting Depth: <u>90</u> feet Number of Stages: <u>2</u>
Date Pump Installed: <u>7-14-08</u> Rated Pump Capacity: <u>2300 ±</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.

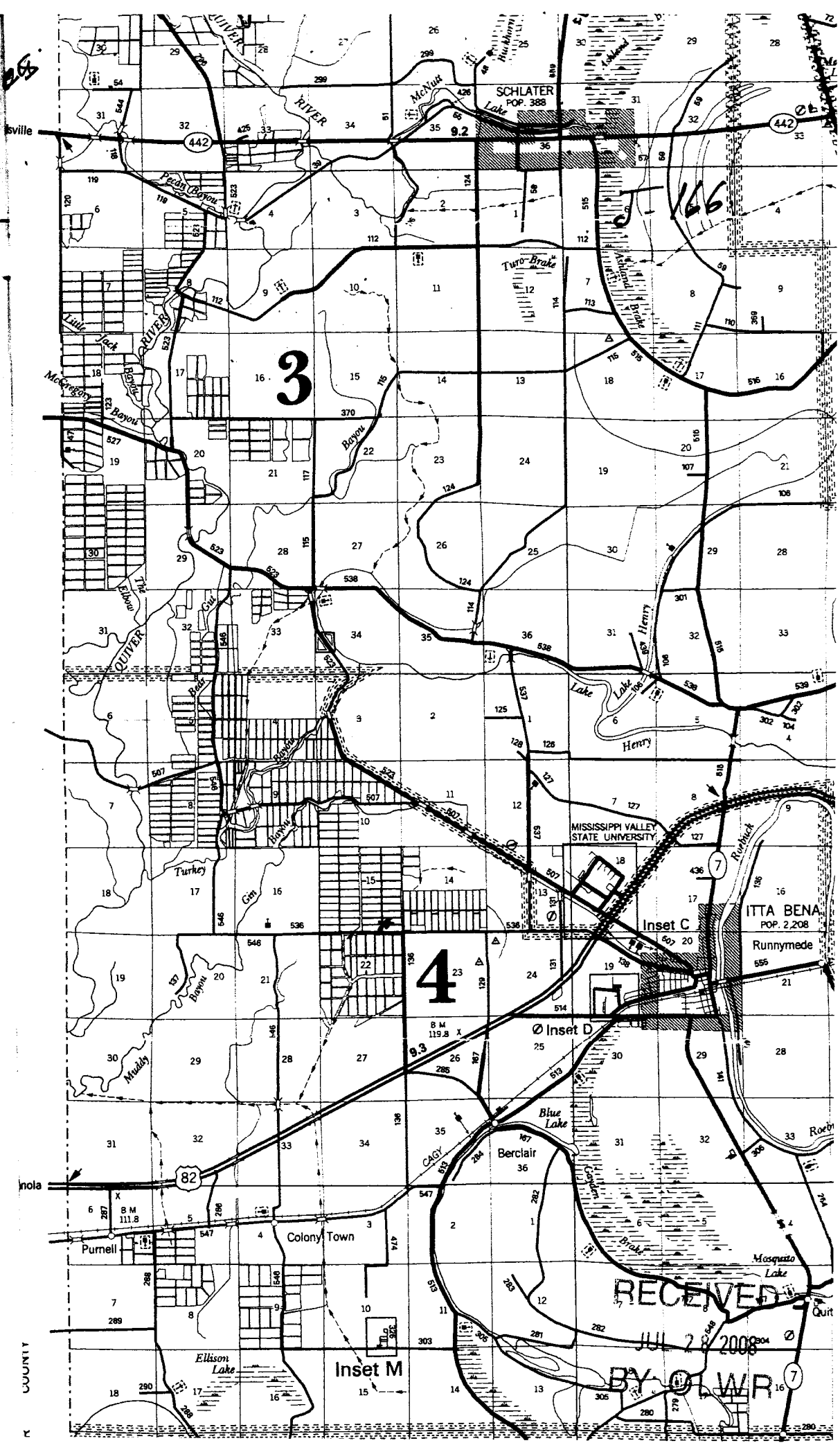
Patrick M. Chism      0695  
 Print Name of Pump Installer and License No. (if applicable)

  
 Signature of Pump Installer

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Scotland Fisheries  
Map



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