

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 #: 5170
 L. S. Elevation: _____
 E-log #: _____

County: Leflore
 Permit #: 42878
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 10-1-08

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

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Replacement 6W Other: _____

Date well drilling started: 10-1-08 Date well drilling completed: 10-1-08 07788

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

Static Water Level: 55 feet above or below (circle one) land surface Date measured: 10-2-08

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

Hole depth: 125 Well depth: 125 Well grouted to a depth of: 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 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 86 feet to 125 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.
 John P. Chism 0439

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor: _____

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YMD JOINT WATER MANAGEMENT DISTRICT

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 #: J-170
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: 2578
Irrigation Equipment
Driller: _____
Date drilling completed: 10-1-08

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: _____ 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>NE 1/4 SW 1/4 Sec 4 Twn 19N Rng 2W</u>
Telephone No. <u>(662) 254-9106</u>	Distance Direction Nearest Town <u>5 Miles NW of Itta Bena</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation <input checked="" type="radio"/> Fish Culture <input checked="" type="radio"/> Replacement Other: _____	
Date well drilling started: <u>10-1-08</u>	Date well drilling completed: <u>10-1-08</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>55</u> feet above or <input checked="" type="radio"/> below (circle one) land surface	Date measured: <u>10-2-08</u>
Method of Measurement (circle one) <input checked="" type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line other: _____	
Hole depth: <u>125</u>	Well depth: <u>125</u> Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>85</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>86</u> feet to <u>125</u> feet
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> 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): <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> 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.
John P. Chism 0439

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

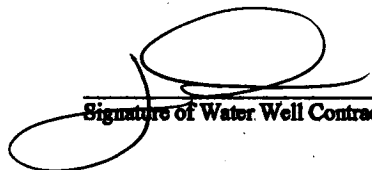
61042878

Description of Formations Encountered	From	To
Clay	0	33
Fine Sand	33	46
Fine Sand + Gravel	46	56
Medium Sand + Gravel	57	125

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 #: 20002578
 Irrigation Equipment
 Driller: _____
 Date completed: 10-1-08

For Office Use Only:

Aquifer: _____
 Well #: J-170
 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.

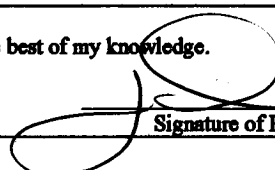
Well Owner Information	Well Location
Owner Name: <u>Scotland Fisheries</u> Mailing Address: <u>22550 County Rd 507</u> <u>Itta Bena Ms. 38941</u> <small>City State Zip Code</small>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 4 Twn 19N Rng 2W</u> Distance Direction Nearest Town <u>5 Miles NW 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 Turbine Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>80</u> feet Number of Stages: <u>2</u>
Date Pump Installed: <u>10-2-08</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.

John P. Chism 0439
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

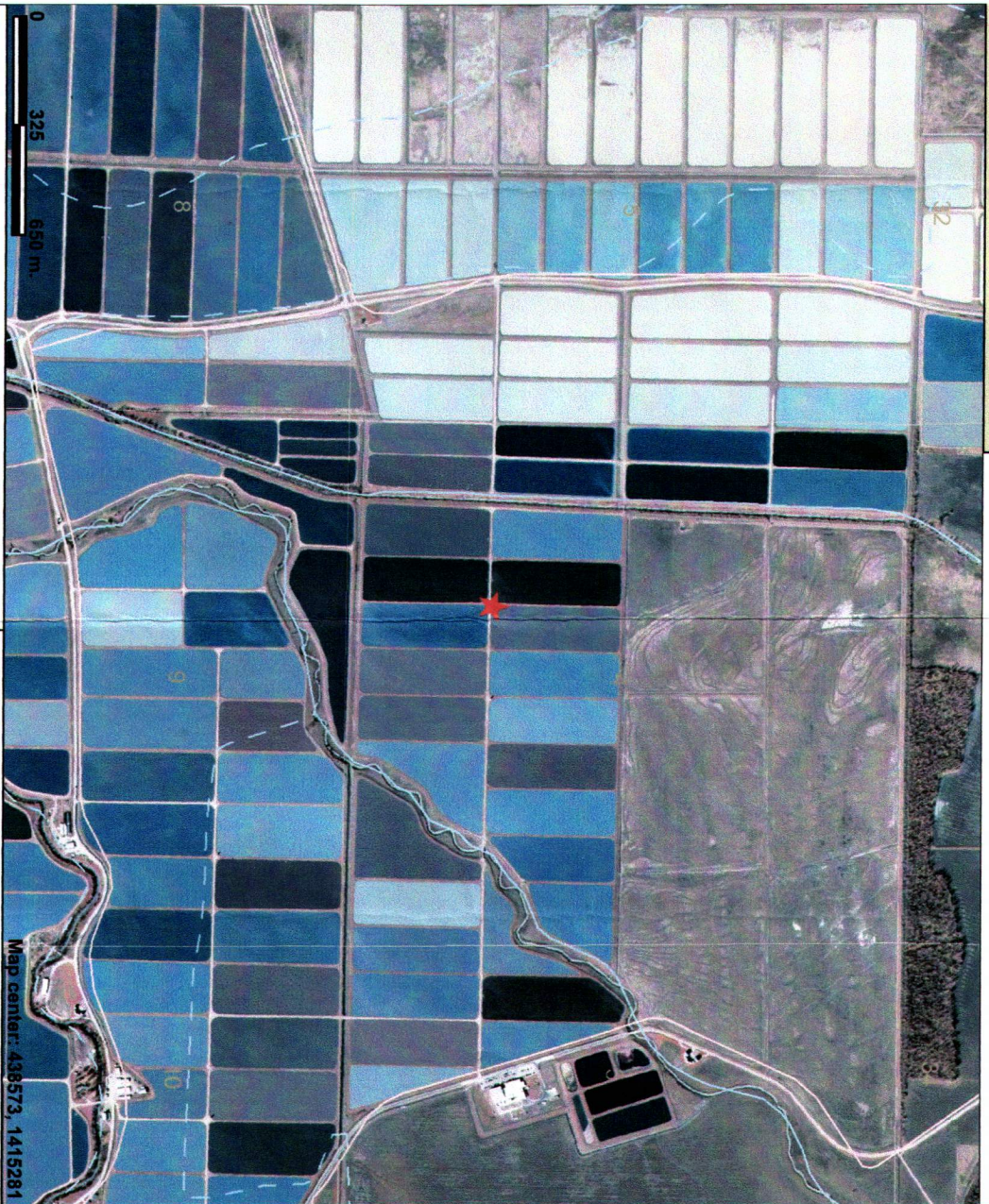
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J-170

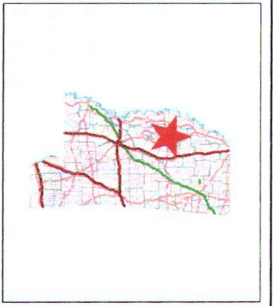


MARIS
Online Maps

Scotland Fisheries



This map is a user generated static output from an Internet mapping site and is for general reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable. THIS MAP IS NOT TO BE USED FOR NAVIGATION.



Legend

- County Boundary
- Public Land Survey System
- Interstate Highway
- Natchez Trace Parkway
- US / State Highway
- US Highway
- State Highway
- 3-digit State Highway
- City Street
- County Road
- Major River
- Perennial Stream
- Intermittent Stream
- Water Body (all water bodies)
- Islands
- Inlanded areas
- Marsh or swamp
- Water
- Water
- Mississippi River
- Incorporated Cities
- Aerial Photo (Quadrangle)

Scale: 1:17,836



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