

7248

STATE WELL REPORT

112

County: Leflore
 Permit #: _____
 Driller: John W Thompson
 Date drilling completed: 10-21-2020

**Part 1
 Driller's Log**
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5555
 (601)961-5228 (fax)

For Office Use Only:
 Well #: P 208
 Aquifer: _____
 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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>T & D Fish Farm</u>	Latitude: <u>33° 20' 43.89"</u> Longitude: <u>90° 20' 57.97"</u>
Mailing Address: <u>PO Box 42</u> <u>Inverness MS 38753</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE</u> ¼ <u>SE</u> ¼, Sec <u>12</u> T <u>17N</u> R <u>2W</u>
Telephone No. (____) _____	<u>2</u> Miles <u>S</u> of <u>Morgan City</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 10-6-20 Date drilling completed: 10-21-20 Hole depth: 1322 Hole diameter: 7 3/8"

Location of the source of any surface water used for drilling: well

Method of dosing and volume of Chlorine used in drilling and development: added chlorine

Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): Teaco

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____

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If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): _____

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

Static Water Level: +6 feet above below land surface (check one) Date measured: 10-21-2020

Method of measurement (check one) Steel tap Electric tap Air line Other (describe): _____

Well depth: 1300 Well grouted to a depth of: 50 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 1260 feet Casing diameter: 6 inches Type of casing: steel

Screen length: 40 feet Screen diameter: 6 inches Type of screen: 4x6 munipac

Screen slot size: .016 inches Setting depth: From 1260 feet to 1300 feet

Type of completion (check all applicable) gravel packed underreamed 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

County: _____


Permit #: _____

For Office Use Only:

Well #: _____

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	40
sand & gravel	40	130
clay	130	180
sand	180	310
clay	310	410
sand	410	460
clay	460	490
sand	490	580
clay	580	1160
sand	1160	1310
clay	1310	1322

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) north arrow

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Landowner Name: T & D Fish Farms

I HEREBY 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.

John W Thompson 0-679
Print Name of Responsible Licensee and License No.

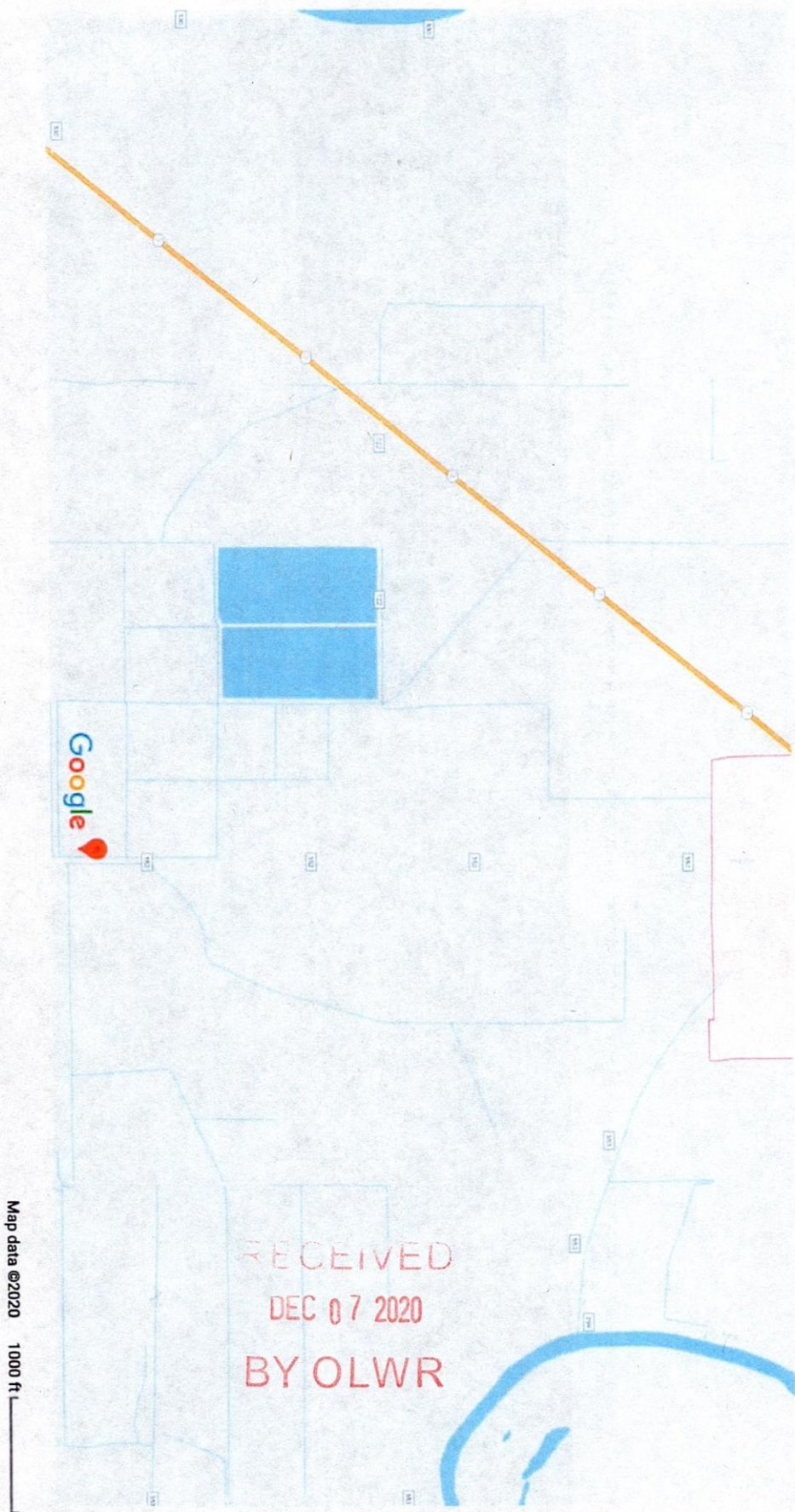
10-22-2020
Date

John W Thompson
Signature of Licensee

10/22/2020

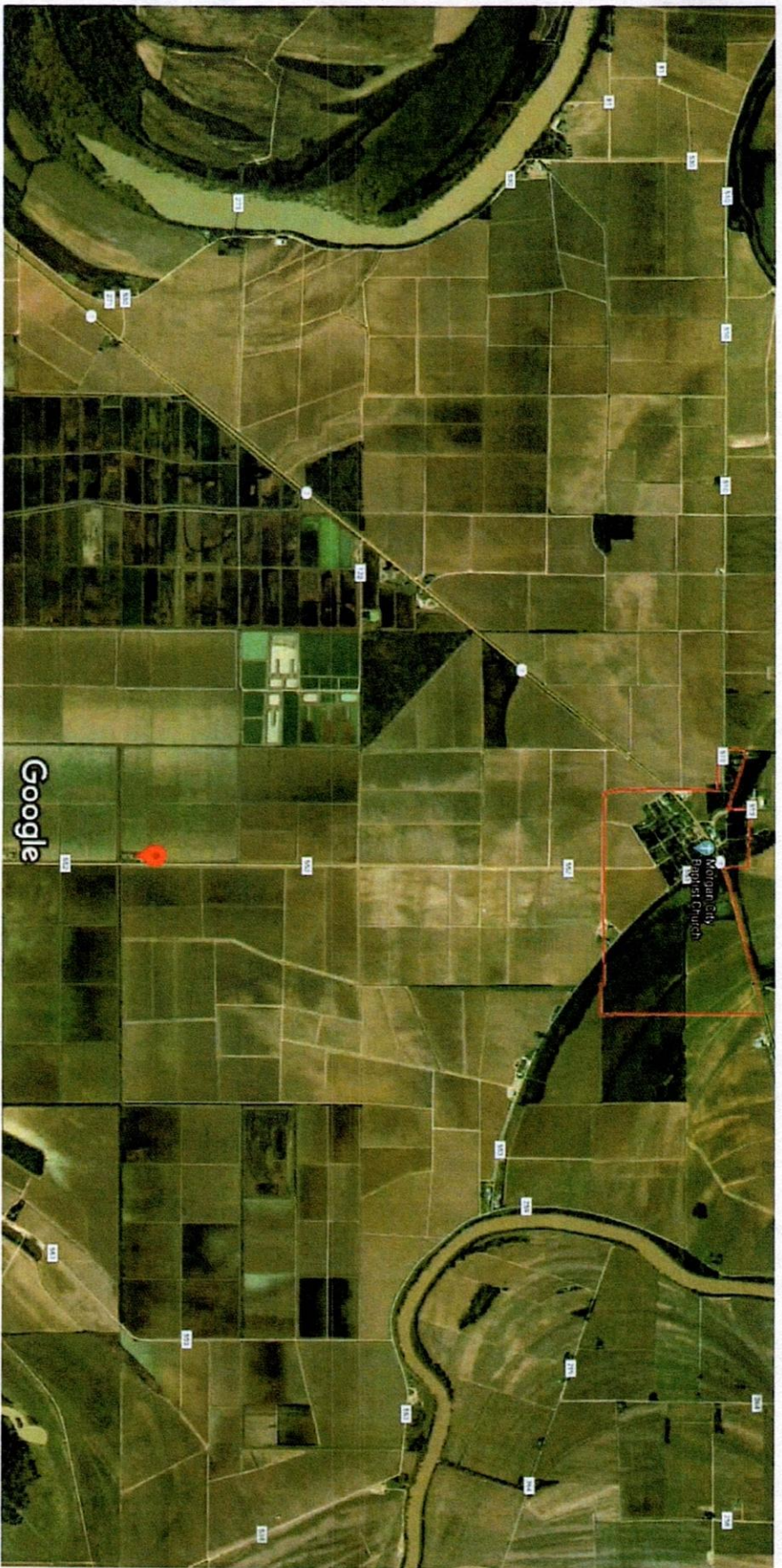
33°20'43.9"N 90°20'57.7"W - Google Maps

Google Maps 33°20'43.9"N 90°20'57.7"W



Map data ©2020 1000 ft

Google Maps 33°20'43.9"N 90°20'57.7"W



Imagery ©2020 Google, Imagery ©2020 Landsat / Copernicus, Maxar Technologies, State of Arkansas, USDA Farm Service Agency, Map data ©2020 2000 ft

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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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: P 208
Aquifer: _____

County: LeFlore
Permit #: _____
Driller: John W Thompson
Date completed: 11-11-2020
Copy information from block on Part 1

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>T & D Fish Farm</u>	Latitude: <u>33° 20' 43.89"</u> Longitude: <u>90° 20' 57.97"</u>
Mailing Address: <u>PO Box 42</u> <u>Inverness MS 38753</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE</u> ¼ <u>SE</u> ¼, Sec <u>12</u> T <u>17</u> N R <u>2W</u>
Telephone No. (____) _____	<u>2</u> Miles <u>S</u> of <u>Morgan City</u> (Distance) (Direction) (Nearest Town)

Pump Type (check one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 11-11-2020 Rated Pump Capacity: 250 Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 15 Setting Depth: 147 feet Number of Stages: 5

Pump Test Data for Non Flowing Well

Date Well Tested: 11-11-2020 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): +6 Feet Below Land Surface Pumping Water Level (B): 75 Feet Below Land Surface

Drawdown [(B) - (A)]: 81 Feet Below Land Surface Test Pumping Rate: 270 Gallons Per Minute

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (check one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John W Thompson 0-679 12-7-20 John W Thompson
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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