

# 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 #: H-158  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sunflower  
Permit # 6W 40498  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 7-8-05

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>Tackett Fish Farm</u>            | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>23939 County Road 523</u>   | Method of Lat/Long (circle one): <u>Conventional Survey</u> ,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Schlater MS 38952</u><br>City State Zip Code | <u>NE SW</u><br><u>SE 1/4 NW 1/4 Sec 12 Twn 21N Rng 3W</u>  |
| Telephone No. ( <u>662-254-7322</u> )           | Distance <u>5</u> Miles Direction <u>SE</u> Nearest Town <u>of Ruleville</u>                                |

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other <sup>PD</sup> Replacement

Date well drilling started: 7-8-05 Date well drilling completed: 7-8-05

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

Static Water Level: 53' feet above or below (circle one) land surface Date measured: 7-12-05

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

Hole depth: 144' Well depth: 144' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 104 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

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

Screen slot size: .050 inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
See Back

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

*Patrick M Chism*

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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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: Sunflower  
 Permit #: 6W40498  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 7-12-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-158  
 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>Tackett Fish Farm</u>          | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>23939 County Road 523</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,   |
| <u>Schlater, MS 38952</u>                     | <input checked="" type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City State Zip Code                           | <u>NE 1/4 SW 1/4 Sec 12 Twn 21N Rng 3W</u>  |
| <u>662-254-7322</u>                           | Distance Direction Nearest Town   |
| Telephone No. ( ) _____                       | <u>5 Miles SE of Ruleville</u>  |

| Pump Type<br>Circle one                                     | Power Type<br>Circle one   |
|---|--|
| Air Lift      Jet      Submersible                          | Diesel Engine      Gasoline Engine      Natural Gas                        |
| Bucket      Piston <input checked="" type="radio"/> Turbine | <input checked="" type="radio"/> Electric Motor      Hand      Tractor PTO |
| Centrifugal      Rotary      Flowing Well                   | Windmill      Other (specify): _____                                       |
| Other (specify): _____                                      | Horse Power Rating of Motor: <u>60</u>                                     |
| Date Pump Installed: <u>7-12-05</u>                         | Setting Depth: <u>80</u> feet  |
| Rated Pump Capacity: <u>2500</u> Gallons Per Minute         | Number of Stages: <u>2</u>   |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one         |
|--|---|
| Date Well Tested: _____                                | 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             |
| Test Pumping Rate: _____ Gallons Per Minute            | _____ feet after _____ hours of pumping               |
| Duration of Pump Test (minimum 4 hours): _____ hours   |   |

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

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

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JUL 28 2005

BY: OLWR