

# 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)

County: Sunflower  
Permit #: 6W41168  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 6-13-06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: L-189  
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>Tackett Fish Farm</u>	Latitude: <u>33 35' 09.3</u> Longitude: <u>90 29 05.1</u>
Mailing Address: <u>23939 County Road 523</u>	Method of Lat/Long (circle one): <u>09</u> Conventional Survey, <u>05</u>
<u>Schlater MS 38952</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE</u> $\frac{1}{4}$ SW $\frac{1}{4}$ Sec <u>23</u> Twn <u>20N</u> Rng <u>3W</u>
<u>662-254-7322</u>	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>4</u> Miles <u>SE</u> of <u>Blaine</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other FF-10 Replacement

Date well drilling started: 6-13-06 Date well drilling completed: 6-13-06

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

Static Water Level: 59' feet above or below (circle one) land surface Date measured: 6-14-06

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

Hole depth: 124 Well depth: 124 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 84 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 85 feet to 124 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

RECEIVED  
JUN 29 2006  
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 #: 6W 41168  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 6-13-06  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-189  
 Elevation: \_\_\_\_\_

*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**

Owner Name: Tackett Fish Farm  
 Mailing Address: 23939 County Road 523  
 \_\_\_\_\_  
Schlater MS 38952  
 City State Zip Code  
662-254-7322  
 Telephone No. ( ) \_\_\_\_\_

**Well Location**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_, Hand-held GPS \_\_\_\_\_, Survey-grade GPS \_\_\_\_\_  
NE ¼ SW ¼ Sec 23 T 20N R 3W  
 Distance Direction Nearest Town  
4 Miles SE of Blaine

**Pump Type**  
Circle one

Air Lift	Jet	Submersible
Bucket	Piston	<b>Turbine</b>
Centrifugal	Rotary	Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 6-14-06

Rated Pump Capacity: 2300 Gallons Per Minute

**Power Type**  
Circle one

Diesel Engine	Gasoline Engine	Natural Gas
<b>Electric Motor</b>	Hand	Tractor PTO
Windmill	Other (specify): _____	

Horse Power Rating of Motor: 60

Setting Depth: 80 feet

Number of Stages: 2

**Pump Test Data**

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

**Method of Measuring Water Level**  
Circle one

Air Line	Electric Measuring Line	Steel Tape
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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

Form: OLWR-SWR-1B

RECEIVED  
 JUN 29 2006  
 BY: OLWR