	
County: Sunflo	wer
Permit # GW 41 Irrigation	325 Equipment
Driller: Date drilling completed:	9-13-06

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 #: <u>L-194</u>		
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

30 days of completion of drilling of the well.		
Well Owner Information	Well Location 33 36 21.1 90 28 49.5	
Owner Name Tackett Fish Farm	Latitude:° Longitude:°	
Mailing Address: 23939 County Road 523	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Schlater, MS 38952	NW 1/4 NW 1/4 Sec 14 Twn 20N Rng 3W	
City State Zip Code 662-254-7322 Telephone No. ()	Distance Direction Nearest Town 2 Miles East of Blaine	
Well I)ata a la	
Purpose of Well (circle one) Home Industrial Public Supply Date well drilling started: 9-13-06 Date w If flowing, method of flow regulation: Valve Other (d	Irrigation Fish Culture Other Replacement well drilling completed: 9-13-06 GW 12861	
It howing, method of how regulation. Valve Other (o	escribe)	
Static Water Level: 62' feet above or below (circle one) l	and surface Date measured: 9-14-06	
-	air line other:	
Hole depth: 136 Well depth: 136	Well grouted to a depth offeet	
Type of grout (circle one): Cement Hentonite Mix		
Casing length: 76 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	77feet_to136feet	
Type of completion (circle all applicable): Oavel 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	Catron M Chron	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor	

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SEP 28 2006

BY: OLWA

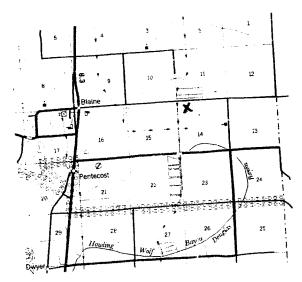
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Ground Level

Description of Formations Encountered	From	To
Clav	0	31
Fine Sand	32	45
Fine Sand/gravel	46	56
Fine Sand/gravel Med. Sand/gravel	57	132
Clay	133	136
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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.



I andowner Name		
i andowner Name:		

Signature of Water Well Contractor

STATE WELL REPORT

Sunflower County: Permit#: 60 41 325 Irrigation Equipment Driller:

9-13-06 Date completed:

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

For Office Use Only:	
Aquifer:	
Well #:	-194
Elevation:	

Copy information from block on Part 1 (601)354-6938 (fax)				
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: Tackett Fish Fa	arm	Latitude:	Longitude:	
Mailing Address: 23939 County 1	Road 523		check one): Conventions	
Schlater MS City State 662-254-7322 Telephone No. ()		NW 14 NW 14 Distance Direction	Sec_14_T_20NF ection NearestTov St_of_Blain	<u>3W</u> vn
Pump Type Circle one			Power Type Circle one	
Air Lift Jet S	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket Piston	urbine	Electric Motor	Hand	Tractor PTO
Centrifugal Rotary I	lowing Well	Windmill	Other (specify):	
Other (specify):	·	Horse Power Rating	of Motor:60	
Date Pump Installed: 9-14-06			90	_feet
Rated Pump Capacity: 2300 G	allons Per Minute	Number of Stages:		
Pump Test Data Method of Measuring Water Level Circle one		Level		
Date Well Tested:		Air Line Elec	tric Measuring Line	Steel Tape
Static Water Level (A):Feet Be	elow Land Surface			•
Pumping Water Level (B):Feet Be	low Land Surface	Omer (specify):		
Drawdown [(B) - (A)]:Feet Below Land Surface		For flowing well, me	asured shut in head:	feet
Test Pumping Rate:Gallons Per Minute W		Well yielded	GPM with a	drawdown of
Duration of Pump Test (minimum 4 hours): hours feet after		et after h	ours of pumping	
	4			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.			
Patrick M. Chism 0695	Patrix M Chin		
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer		
	Ford DI (V) GAILE		

SEP 28 2006