

County: Sunflower  
 Permit #: \_\_\_\_\_  
 Driller: Irrigation Equipment  
 Date drilling completed: 9-10-09

# 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 #: L214  
 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° 34' 40"</u>	Longitude: <u>90° 38' 19"</u>
Mailing Address: <u>23939 County Rd 523</u>		Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS	
<u>Schlater</u> <u>Ms.</u> <u>38952</u>	City State Zip Code	<u>NE 1/4 NE 1/4 Sec 26 Twn 20N Rng 31W</u>	
Telephone No. ( ) _____		Distance <u>4</u> Miles	Direction <u>NE</u> of Nearest Town <u>Sunflower</u>

Well Data: Old Well 16" Steel 30' South

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

Date well drilling started: 9-10-09 Date well drilling completed: 9-10-09

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

Static Water Level: 62 feet above or below (circle one) land surface Date measured: 9-11-09

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

Hole depth: 121 Well depth: 121 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite Mix \_\_\_\_\_

Casing length: 81 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 82 feet to 121 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: [Signature]

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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)961-3210  
(601)354-6938 (fax)

County: Sunflower  
Permit #: \_\_\_\_\_  
Driller: Irrigation Equipment  
Date completed: 9-10-09

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: L219  
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: <u>33 34.40</u> Longitude: <u>90 28.19</u>
Mailing Address: <u>23939 County Rd 523</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Schlater Ms. 38952</u> City State Zip Code	<u>NE 1/4 NE 1/4 Sec 26 Twn 20N Rng</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>4</u> Miles <u>NE</u> of <u>Sunflower</u>

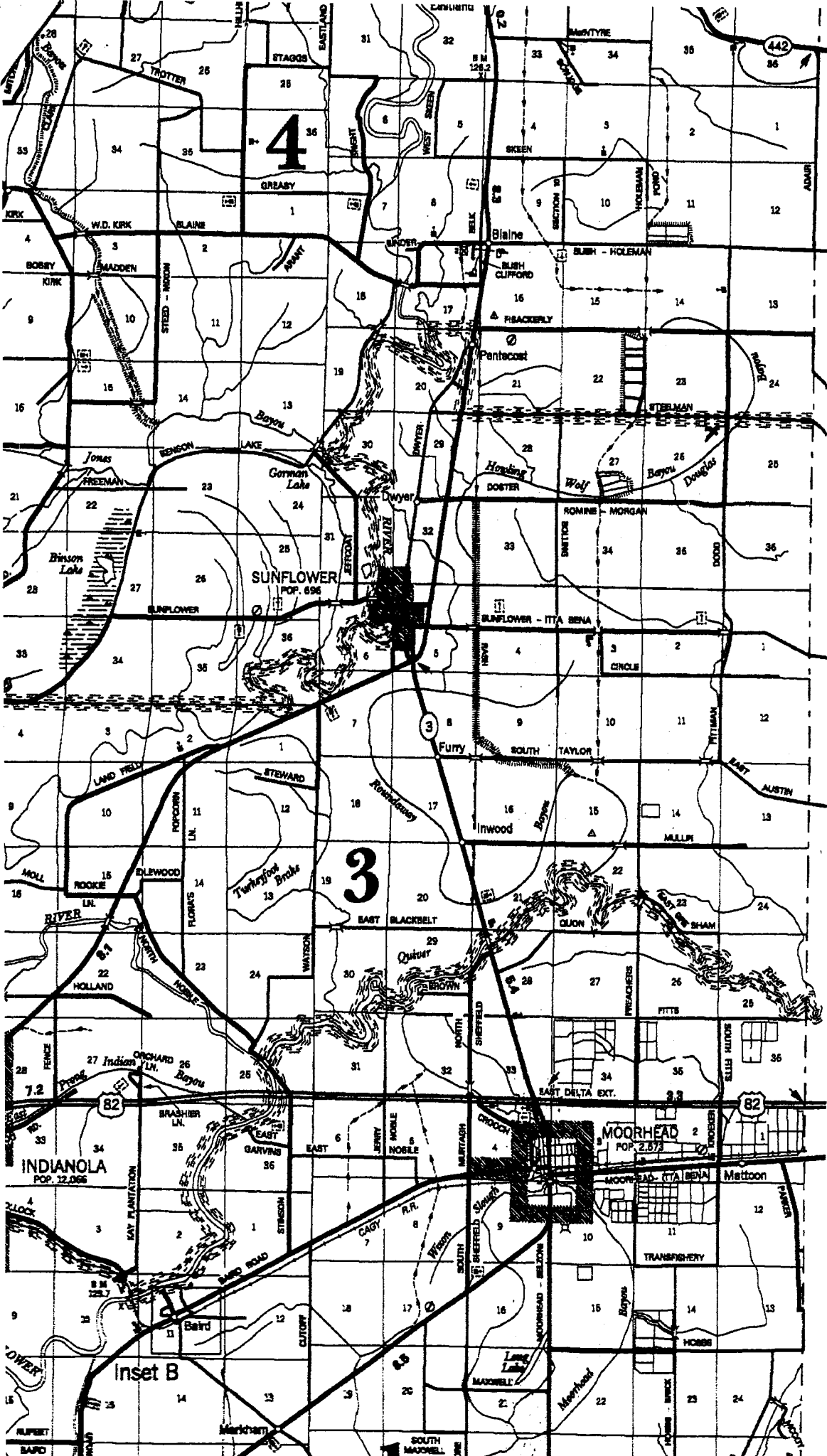
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>9-11-09</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>1400 ±</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level 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.

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

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SEP 25 2009  
BY: OLWR



Tackett Fish Farm

L219

LEFLORE COUNTY

T 20 N

T 19 N

T 18 N

D

33° 36'

33° 30'

W

33° 25'

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 SEP 25 2009  
 BY: OLWR

Inset B