

State Well Report

Part I

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 #: L239

L. S. Elevation: _____

E-log #: _____

County: Sunflower
Fermat #: GW42101
Irrigation Equipment
Driller:
Date drilling completed: 7-24-07

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: Tackett Fish Farms, 23939 County Rd 523, Schlater Ms. 38952
Well Location: Latitude: 33° 31' 13.0" Longitude: 90° 25' 24.3"
Method of Lat/Long: Conventional Survey
USGS quad: SW 1/4 SE 1/4 Sec 23 Twn 20N Rng 3W
Distance: 4 Miles Direction: NE of Nearest Town: Sunflower

Well Data: Purpose of Well: Other (D-pond replacement)
Date well drilling started: 7-24-07 Date well drilling completed: 7-24-07
Static Water Level: 50 feet above of below land surface Date measured: 7-26-07
Method of Measurement: steel tape
Hole depth: 137 Well depth: 137 Well grouted to a depth of 10 feet
Type of grout: Bentonite
Casing length: 87 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: See back inches Setting depth: From See back feet to feet
Type of completion: Gravel packed
Top of lap pipe or reduction in casing: _____ feet
Logs run: No log run

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

SEP 20 2007

YMD JOINT WATER MANAGEMENT DISTRICT

42101

If well telescopes please sketch below and show depths.


Ground Level

Description of Formations Encountered	From	To
Clay	0	17
Course Sand	18	27
Course Sand + peg Gravel	28	57
Course Sand + Gravel	58	67
Course Sand + Peg Gravel	68	97
Course Sand + Gravel	98	107
Course Sand + Peg Gravel	108	127
Medium Sand + Gravel	128	137
Screen		
.050 88-127		
.032 128-137		

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.

Landowner Name: Tackett Fish Farms


Signature of Well Contractor

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)

For Office Use Only:

Aquifer: _____
 Well #: U239
 Elevation: _____

County: Sunflower
 Permit #: _____
 Driller: Irrigation Equipment
 Date completed: 7-24-07

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 Farms</u>	Latitude: _____ Longitude: _____
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>SW 1/4 SE 1/4 Sec 23 Twn 20N Rng 3W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>4 Miles NE of Sunflower</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-26-07</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>2300+</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
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
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer