

IE

County: Sunflower  
 Permit #: GW43530  
 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 #: 6240  
 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' 37"</u>	Longitude: <u>90° 29' 41"</u>	
Mailing Address: <u>23939 County Rd 523</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>USGS quad</u> , <u>Hand-held GPS</u> , <u>Survey-grade GPS</u>		
<u>Schlater</u> City	<u>Ms.</u> State	<u>38952</u> Zip Code	<u>NE 1/4 Sec 26</u> Twn <u>20N</u> Rng <u>30W</u>
Telephone No. ( ) _____	Distance: <u>4</u> Miles	Direction: <u>NE</u>	Nearest Town: <u>Sunflower</u>

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 down IE  
 9-23-09

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 tape 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): \_\_\_\_\_

600  
 36108

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: John P. Chism

43530

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YMD JOINT WATER MANAGEMENT DISTRICT

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	39
Fine Sand	30	38
Fine Sand + Gravel	39	56
Medium Sand + Gravel	57	118
Clay	119	121

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 Farm

  
 \_\_\_\_\_  
 Signature of Water 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)

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

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 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> Mailing Address: <u>23939 County Rd 523</u>  <u>Schlater Ms. 38952</u> <small>City State Zip Code</small>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 26 Twn 20N Rng 3W</u> Distance Direction Nearest Town <u>4 Miles NE of Sunflower</u>
Telephone No. ( ) _____	

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

Pump Test Data	Method of Measuring Water Level Circle one
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	Air Line            Electric Measuring Line      Steel Tape 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.  
John P. Chism                      0439  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer