

P  
Tackett Fish Farms

# STATE WELL REPORT

118

County: Sunflower  
 Permit #: GW-50554  
 Driller: J. Newcome 0-773  
 Date drilling completed: 8-1-18

**Part 1**  
**Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5555  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Well #: L 264  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

<b>Well Owner Information</b> (Landowner if borehole is not for a water well)			<b>Well or Borehole Location</b>		
Owner Name: <u>Tackett Fish Farms</u>			Latitude: <u>33 35 27</u> Longitude: <u>90 29 04</u>		
Mailing Address: <u>23939 Co Road 523</u>			Method of Lat/Long (check one): Conventional Survey _____		
City: <u>Schlater</u> State: <u>MS</u> Zip Code: <u>38952</u>			USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____		
Telephone No. (____) _____			NW <u>1/4</u> NW <u>1/4</u> , Sec <u>23</u> T <u>20N</u> R <u>3W</u>		
			<u>2.4</u> Miles <u>S.E.</u> of <u>Blaine</u>		
			(Distance) (Direction) (Nearest Town)		

**Well / Borehole Data**

Date drilling started: 8-1-18 Date drilling completed: 8-1-18 Hole depth: 123 Hole diameter: 24

Location of the source of any surface water used for drilling: Ditch

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (check all applicable):  Log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump  Seismic Survey Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture

Other (describe): \_\_\_\_\_

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

Static Water Level: \_\_\_\_\_ feet  above or  below land surface Date measured: \_\_\_\_\_  
(check one)

Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (check one)  Heat Cement  Bentonite  Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 70 feet to 120 feet

Type of completion (check all applicable):  gravel packed  Underreamed  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

*If telescoped or more than one screen, describe on next page*



## STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: L 264

Elevation: \_\_\_\_\_

County: SmithPermit #: 6W-50534Driller: J. NewcomeDate completed: 8-15-18Copy information from block on Part 1

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: <u>Tackett Fish Farms</u>	Latitude: <u>33 35 27</u> Longitude: <u>90 29 04</u>
Mailing Address: <u>23939 Co Road 525</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Schlater</u> MS <u>38952</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 23 T 20N R 3W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2.4</u> Miles <u>SE</u> of <u>Blaine</u>

Pump Type	Power Type
Circle one	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"/> <u>Turbine</u>	<u>Electric Motor</u> <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>60HP</u>
Date Pump Installed: <u>8-15-18</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one
Static Water Level (A): _____ Feet Below Land Surface	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Pumping Water Level (B): _____ Feet Below Land Surface	Other (specify): <u>N/A</u>
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one):  New Well  Replacement of Existing Pump  Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Hubbard Stephens P-741  
 Print Name of Pump Installer and License No. (if applicable)

Hubbard Stephens  
 Signature of Pump Installer

# Untitled Map

Write a description for your map.

## Legend

- Circle Measure
- Feature 1
- GW-50554

