

County: Sunflower
 Permit #: GW 44242 ✓
 Driller: Irrigation Equipment
 Date drilling completed: 5-3-2010

State Well Report
Part 1 - Driller's Log
 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: O. 205
 Well #: _____
 L. S. Elevation: _____
 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.

Information on Well Owner (Landowner if borehole is not for a water well) Owner Name <u>Tackett Fish Farm</u> Mailing Address: <u>23939 County Road 523</u> <u>Schlater MS 38952</u> City State Zip Code Telephone No. () _____		Well or Borehole Location Latitude: <u>33.32 52.2N</u> Longitude: <u>90 28 51.0W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS <u>NE</u> ¼ <u>NW</u> ¼ Sec <u>2</u> ✓ Twn <u>19N</u> ✓ Rng <u>3W</u> ✓ Distance Direction Nearest Town _____ Miles _____ of <u>Sunflower</u> Q-Ponds _____	
Well / Borehole Data Date drilling started: <u>5-3</u> Date drilling completed: <u>5-3</u> Hole depth: <u>127</u> Hole diameter: <u>24"</u> Location of the source of any surface water used for drilling: <u>Surface Water</u> Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM</u> Logs run (circle all applicable): <u>(No log run)</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>			
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture <input checked="" type="checkbox"/> Other: <u>Replacement</u> If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>61'</u> feet above or below (circle one) land surface Date measured: _____ Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ Well depth: <u>127</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>(Bentonite)</u> Mix Casing length: <u>87</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>pvc</u> Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>pvc</u> Screen slot size: <u>.050</u> inches Setting depth: From <u>88</u> feet to <u>127</u> 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. <i>If telescoped or more than one screen, describe on next page</i>			

Form: OLWR-SWR-1A (04/08)

Note: Old well(16" Steel) 50'± East of new well.

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 BY: OLWR

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level \rightarrow

0 205

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	23
Clay		
Fine Sand	24	38
Fine Sand/gravel	39	49
Med. Sand/gravel	50	127

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) a north arrow.

Tackett Fish Farm

Landowner Name: _____

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Patrick M. Chism 0695

Print Name of Responsible Licensee and License No.

Date

Patrick M. Chism

Signature of Licensee

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County: Sunflower
 Permit #: GW 44242
Irrigation Equipment
 Driller: _____
 Date completed: 5-3-2010
Copy information from block on Part 1

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: 0205
 Well #: _____
 Elevation: _____

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 Farm</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>23939 County Road 523</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Schlater MS 38952</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>2</u> T <u>19N</u> R <u>3W</u>
Telephone No. () _____	Distance _____ Miles Direction _____ Nearest Town _____ of <u>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"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<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>60</u>
Date Pump Installed: _____	Setting Depth: <u>90</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	

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.
Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable) Patrick M. Chism
 Signature of Pump Installer [Signature]