

Bill Penescot

# 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)

County: BOLIVAR  
 Permit #: 0-7736W40889  
 Driller: JOHN NEWCOMBE  
 Date drilling completed: 3-7-06

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: Q-112  
 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>W.E. PENECOST</u>       | Latitude: <u>33° 38' 31"</u> Longitude: <u>090° 52' 03"</u> |
| Mailing Address: <u>14 PENECOST RD</u> | Method of Lat/Long (circle one): Conventional Survey,       |
| <u>SHAW MS 38773</u>                   | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS            |
| City State Zip Code                    | <u>NE 1/4 NE 1/4 Sec 25 Twn 21N Rng 7W</u>                  |
| Telephone No. <u>662-754-6294</u>      | Distance Direction Nearest Town                             |
|  | <u>6</u> miles <u>NORTH</u> of <u>GENOET</u>                |

**Well Data**

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

Date well drilling started: 3-7-06 Date well drilling completed: 3-7-06

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

Static Water Level: 2 feet above or below (circle one) land surface Date measured: 3-8-06

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

Hole depth: 109 Well depth: 105 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 78 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 55 feet to 85 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.

JOHN NEWCOMBE 0-773 John Newcomb  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

870 265 2545

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# 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 #: Q-112

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

County: BOLIVAR  
Permit #: GW40889  
Driller: JOHN NEWCOMB  
Date completed: 3-7-06

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>W.E. PENTECOST</u>        | Latitude: <u>33-38-31</u> Longitude: <u>090-52-03</u>                                      |
| Mailing Address: <u>14 PENTECOST RD.</u> | Method of Lat/Long (circle one): Conventional Survey,                                      |
| <u>SHAW, MS. 38773</u>                   | USGS quad, Hand-held GPS, Survey-grade GPS   |
| City State Zip Code                      | <u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ Sec <u>25</u> Twn <u>21N</u> Rng <u>7W</u> |
| Telephone No: <u>662-754-6294</u>        | Distance Direction Nearest Town  |
|  | <u>6</u> Miles <u>NORTH</u> of <u>BENOIT</u>   |

| Pump Type<br>Circle one                             | Power Type<br>Circle one                         |
|---|--|
| Air Lift Jet Submersible                            | <u>Diesel Engine</u> Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u>                        | Electric Motor Hand Tractor PTO                  |
| Centrifugal Rotary Flowing Well                     | Windmill Other (specify): _____                  |
| Other (specify): _____                              | Horse Power Rating of Motor: <u>60</u>           |
| Date Pump Installed: <u>3-15-06</u>                 | Setting Depth: <u>75-10" COLUMN</u>              |
| Rated Pump Capacity: <u>3000</u> Gallons Per Minute | Number of Stages: <u>1-STAGE 14"</u>             |

| Pump Test Data   | Method of Measuring Water Level<br>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 _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>RUN</u> 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.

GLENN ROWE #710-P \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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