		ell Report	For Office Use Only
County: Leflore	Part 1		Aquifer:
Permit #: <u>G(1)</u> 400 85	Mississippi Department of Environmental Quality Office of Land and Water Resources		Weil #: J-146
Irrigation Equipment	P.O. F	P.O. Box 10631	
		1S 39289-0631	L. S. Elevation:
Date drilling completed: $3-25-05$		961-5210 4-6938 (fax)	E-log #:
······			the Dependence wi
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the	driller in detail and med w	Ith the Department wh
Well Owner Informa	ation	Wel	Location
Owner Name Walter Pennel			" Longitude: <u>90° 24</u> ,
Mailing Address: 602 Schley	St.	Method of Lat/Long (circle or	ne): Conventional Survey,
		USGS quad, Hand-held	GPS, Survey-grade GPS
		<u>NW 14 NE 14 Sec_33</u>	
	MS 38941		
City Sta	-	Distance Direction	Nearest Town of <u>Colony Tow</u>
662-254-768	87		<u></u>
	Well	Data	
		$\frown$	04
Purpose of Well (circle one) Home Inc			Other:
Date well drilling started:3-2	5-05 Date	well drilling completed:	3-25-05
If flowing, method of flow regulation: Va	ive Other (	describe)	
	-		
Static Water Level: <u>42'</u> feet a			
Method of Measurement (circle one)	teel tape electric tape	e air line other:	
Hole depth: <u>125'</u> Well de	pth: 125'	Well grouted to a depth of _	<u>10</u> feet
	Bentonite Mix		
			DUG 160
Casing length: 85 feet Casi	ing diameter. <u>10</u>	inches Type of casing:	
Screen length: <u>40</u> feet Scr	een diameter:10	inches Type of screen:	PVC 160
Screen slot size: .050 inches	Setting depth: From	See Back	feet
Type of completion (circle all applicable)	: (Gravel packed) Unde	crreamed Telescoped Ope	n hole Natural Develop
	Other (describe):		
Top of lap pipe or reduction in casing:	feet. If t	elescoped or more than one sc	reen, describe on back of
		-	
Logs run (circle all applicable): No log ru	un) Electric Gamma Ray	y Density Sonic Neutron	Other:
Name of organization running log(s):	-		
I certify that the well was drilled, const			
		montes of Logith regulation	ns and state laws.
Department of Environmental Quality			1
Department of Environmental Quality Irrigation Equipme	ent Inc.	Partment of fread regulator	Mchai
Department of Environmental Quality		Patrick	M Chin f Water Well Contractor

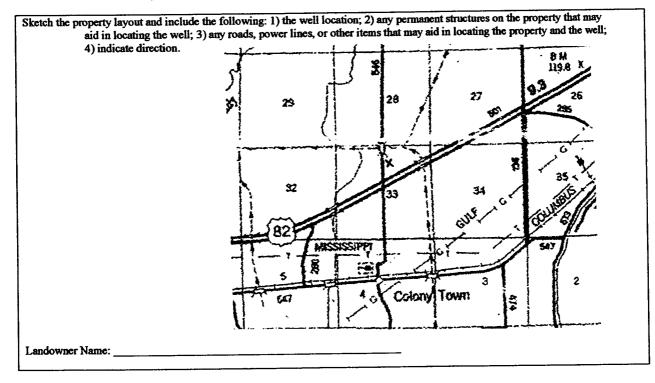
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If well telescopes please sketch below and show depths.

Ground Level

J-146		
Description of Formations Encountered	From	To
Clay	0	28
Fine Sand	29	38
Fine Sand/gravel Med. Sand/gravel	39	50
Med. Sand/gravel	51	73
Fine Sand	74	89
Med Sand/gravel	90	117
Med. Sand/gravel Fine Sand/gravel	118	125
Saroon 54-73		
Screen 54-73 Screen 98-117		
Sereen 22 - 1		
		11
		++
		+-+
		+
	<u> </u>	
		<b>_</b>

If more than one screen, show location of each on sketch



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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)		For Office Use Only: Aquifer: Well #: <u>J~/46</u> Elevation:
This report : installation		by the pump installer in de	tail and filed with the Departme	nt within 30 days of the
	Well Owner Infor	mation	Wel	Location
Owner Name: W	Malter Penn	ebaker	Latitude:	Longitude:
Mailing Address: 602 Schley St.		Method of Lat/Long (circle on	e): Conventional Survey,	
				-held GPS, Survey-grade GPS
<u></u>		NW     1/4     NE     1/4     Sec     3       Distance     Direction		
		<u>1</u> <u>Miles North of Colony Town</u>		
Pump Type Circle one		Power Type Circle one		
Air Lift	Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas
Bucket	Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill Other (	specify):
Other (specify): _			Horse Power Rating of Motor:	30
	ed: <u>4-4-05</u>		Setting Depth:	
	city: <u>1200</u>		Number of Stages:	
	Pump Test Da			suring Water Level
Date Well Tested:			Air Line Electric Meas	auring Line Steel Tape
Static Water Level (A):Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface		Other (specify):		
		eet Below Land Surface	For flowing well, measured she	ut in head: fast
•·/		Gallons Per Minute	Well yielded	
Test Pumping Rate			TOLL YRORDOG	TO HMOOMBID & THIM AND O

Print Name of Pump Installer and License No. (if applicable)

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Signature of Pump Installer

MAY 11 2005 BY: OLWR