

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: Leflore
Permit #: _____
Driller: Office of Geology
Date drilling completed: 5-11-05

For Office Use Only:
Aquifer: _____
Well #: J-147
L. S. Elevation: 118'
E-log #: J-147

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>Walter Pennebaker</u>	Latitude: <u>33° 28' 08.4</u> Longitude: <u>90° 24' 32.4</u>
Mailing Address: <u>602 Scheley St.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Itta Bena MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>sw/sw/sw/sw</u> <u>NE4</u>
Telephone No. <u>(662) 254-7687</u>	<u>1/4</u> <u>1/4</u> Sec <u>33</u> Twn <u>19N</u> Rng <u>2W</u>
	Distance Direction Nearest Town
	_____ Miles _____ of _____

Well Data

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

Date well drilling started: 5-10-05 Date well drilling completed: 5-11-05

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 300 Well depth: N/A Well grouted to a depth of 300' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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): MDEQ

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.

Archie McHarris 0-555
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

