

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)

For Office Use Only:

Aquifer: _____
 Well #: J-159
 L. S. Elevation: _____
 E-log #: _____

Leflore

GW 41360
 Irrigation Equipment
 Driller: _____

Date drilling completed: 10-10-06

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> <i>/ Murphy</i>	Latitude: <u>32° 28' 57.8"</u> Longitude: <u>90° 25' 14.9"</u>
Mailing Address: <u>602 Schley St.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Itta Bena, MS 38941</u>	NE <u>1/4</u> SE <u>1/4</u> Sec <u>29</u> Twn <u>19N</u> Rng <u>2W</u>
City: <u>Itta Bena</u> State: <u>MS</u> Zip Code: <u>38941</u>	Distance: <u>3</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Colony Town</u>
Telephone No. () _____	
Well Data	
Purpose of Well (circle one): <input type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input checked="" type="radio"/> Irrigation <input type="radio"/> Fish Culture <input checked="" type="radio"/> Other	<u>4-14-06 Replacement</u>
Date well drilling started: <u>10-10-06</u>	Date well drilling completed: <u>10-10-06</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>47'</u> feet above or <input checked="" type="radio"/> below (circle one) land surface	Date measured: <u>10-11-06</u>
Method of Measurement (circle one): <input checked="" type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air-line	RECEIVED NOV - 2 2006 YMD JOINT WATER MANAGEMENT DISTRICT
Hole depth: <u>103</u> Well depth: <u>103</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <input type="radio"/> Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>63</u> feet Casing diameter: <u>16</u> inches	Type of casing: <u>PVC Sch. 40</u>
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches	Screen type: <u>PVC Sch. 40</u>
Screen slot size: <u>.050</u> inches	Setting depth: From <u>64</u> feet to <u>103</u> feet
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> 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): <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> 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.	
<u>Irrigation Equipment Inc.</u> <u>Patrick M. Chism 0695</u>	<i>Patrick M. Chism</i>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

41360

Replaces
41010

(pumping sand)

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)

For Office Use Only:

Aquifer: _____
 Well #: J-155
 L. S. Elevation: _____
 E-log #: _____

County: Leflore
 Permit #: GW 41360
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 10-10-06

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.

<p align="center">Well Owner Information</p> <p>Owner Name <u>Walter Pennebaker</u></p> <p>Mailing Address: <u>602 Schley St.</u></p> <p align="center"><u>Itta Bena, MS 38941</u></p> <p>City <u>Itta Bena</u> State <u>MS</u> Zip Code <u>38941</u></p> <p>Telephone No. () _____</p>	<p align="center">Well Location</p> <p>Latitude: <u>33.28 57.8</u> Longitude: <u>90 25' 14.9</u></p> <p>Method of Lat/Long (circle one): <u>58</u> Conventional Survey, <u>15</u></p> <p align="center">USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>NE <u>1/4</u> SE <u>1/4</u> Sec <u>29</u> Twn <u>19N</u> Rng <u>2W</u></p> <p>Distance <u>3</u> Miles Direction <u>NW</u> of Nearest Town <u>Colony Town</u></p>
<p>Well Data</p>	
<p>Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture <u>Other</u> <u>Replacement</u> <u>4-14-06</u></p> <p>Date well drilling started: <u>10-10-06</u> Date well drilling completed: <u>10-10-06</u></p> <p>If flowing, method of flow regulation: Valve _____ Other (describe) _____</p> <p>Static Water Level: <u>47'</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>10-11-06</u></p> <p>Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____</p> <p>Hole depth: <u>103</u> Well depth: <u>103</u> Well grouted to a depth of <u>10</u> feet</p> <p>Type of grout (circle one): Cement <u>Bentonite</u> Mix</p> <p>Casing length: <u>63</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC Sch. 40</u></p> <p>Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC Sch. 40</u></p> <p>Screen slot size: <u>.050</u> inches Setting depth: From <u>64</u> feet to <u>103</u> feet</p> <p>Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development</p> <p>Other (describe): _____</p> <p>Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page</p> <p>Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____</p> <p>Name of organization running log(s): _____</p>	
<p>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.</p> <p><u>Irrigation Equipment Inc.</u> <u>Patrick M. Chism 0695</u></p> <p>Print Name of Water Well Contractor and License No. _____</p>	
<p>Signature of Water Well Contractor <u>Patrick M Chism</u></p>	

RECEIVED
 NOV 16 2006
 BY OLIVER

J. V.

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	28
Fine Sand	29	35
Fine Sand/gravel	36	40
Med. Sand/gravel	41	97
Clay	98	103

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) indicate direction.

Old Well 300'E

Landowner Name: _____

Patricia M. Chi
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 #: J-155

Elevation: _____

County: Leflore
 Permit #: GW 41360
 Irrigation Equipment
 Driller: _____
 Date completed: 10-10-06

Copy 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>Walter Pennebaker</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>602 Schley St.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Itta Bena MS 38941</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>29</u> T <u>19N</u> R <u>2W</u>
<u>662-254-7687</u>	Distance Direction Nearest Town
Telephone No. () _____	<u>3</u> Miles <u>NW</u> of <u>Colony Town</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>10-11-06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2200</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 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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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