

State Well Report

Part I

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 #: J159
L. S. Elevation:
E-log #:

County: Leflore
Permit #: 42107
Irrigation Equipment
Driller:
Date drilling completed: 8-23-07

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: Owner Name Walter Pennebaker, Mailing Address 602 Schley St., Itha Beng Ms. 38941, Telephone No.
Well Location: Latitude: 33.28 10.8, Longitude: 90.24 57.3, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, SW 1/4 NW 1/4 Sec 33 Twn 19N Rng 2W, Distance 6 Miles, Direction SW, Nearest Town Itha Beng

Well Data: Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other
Date well drilling started: 8-23-07 Date well drilling completed: 8-23-07
If flowing, method of flow regulation: Valve Other (describe)
Static Water Level: 47 feet above or below (circle one) land surface Date measured: 8-24-07
Method of Measurement (circle one) steel tape electric tape air line other:
Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 87 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 88 feet to 127 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: SEP 20 2007

RECEIVED
SEP 20 2007

Name of organization running log(s):
I certify that the well was drilled, constructed, and completed in accordance with all applicable regulations of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.
Irrigation Equipment Inc.
Patrick M. Chism 0695
John P. Chism 0439
Print Name of Water Well Contractor and License No.
Signature of Water Well Contractor

42107

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For Office Use Only:

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

County: Leflore
Femil #: 6W42107
Irrigation Equipment
Driller: _____
Date drilling completed: 8-23-07

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' 10.8"</u> Longitude: <u>90° 24' 57.3"</u>
Mailing Address: <u>602 Schley St.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Ithq Beng Ms. 38941</u> City State Zip Code	<u>SW 1/4 NW 1/4 Sec. 33 Twn 19N Rng 2W</u>
Telephone No. () _____	Distance <u>6</u> Miles <u>SW</u> Direction of <u>Ithq Beng</u> Nearest Town

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other _____

Date well drilling started: 8-23-07 Date well drilling completed: 8-23-07

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

Static Water Level: 47 feet above or below (circle one) land surface Date measured: 8-24-07

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 87 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 88 feet to 127 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____

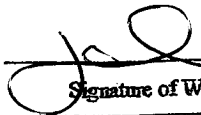
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

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.

Irrigation Equipment Inc.
Patrick M. Chism 0695
John P. Chism 0439
Print Name of Water Well Contractor and License No.


Signature of Water Well Contractor

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AUG 31 2007
MWD/LWR

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)

County: Leflore
Permit #: 6W42107
Irrigation Equipment
Driller: _____
Date completed: 8-23-07

For Office Use Only:

Aquifer: _____
Well #: J-159
Elevation: _____

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>Walter Pennsbaker</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>602 Schley St.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Itta Benga Ms. 38941</u> City State Zip Code	<u>SW 1/4 NW 1/4 Sec 33 Twn 19N Rng 2W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>6 Miles SW of Itta Benga</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input 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: <u>8-24-07</u>	Setting Depth: <u>80</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 slant 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	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John P. Chism 0439
Patrick M. Chism 0695

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

Signature of Pump Installer _____

