

**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)

RECEIVED

Aggiter: _____
Well #: 160
L. S. Elevation: _____
File #: _____
**YMD JOINT WATER
MANAGEMENT DISTRICT**

County: Le flore
Permit #: 42233
Driller: Irrigation Equipment
Date drilling completed: 10-9-07

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>33.28.57.6</u> Longitude: <u>90.25.14.6</u>
Mailing Address: <u>602 Schley Street</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Itta Bena Ms. 38941</u> City State Zip Code	<u>NE 1/4 SE 1/4 Sec 29 Twn 19N Rng 2W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3 Miles NW of Colony Town</u>

Well Data Old well 12' west drilled 4-14-06
411-41360

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

Date well drilling started: 10-9-07 Date well drilling completed: 10-9-07

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

Static Water Level: 47 feet above or below (circle one) land surface Date measured: 10-9-07

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .035 inches Setting depth: From 61 feet to 100 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

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor _____

110020

State Well Report

Part I

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For Office Use Only:

Aquifer:
Well #: J 160
L. S. Elevation:
E-log #:

County: Leflore
Femil #: GW 42233
Irrigation Equipment
Driller:
Date drilling completed: 10-9-07

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 Street
Itta Benz Ms. 38941
City State Zip Code
Telephone No. ()

Well Location
Latitude: 33.28576 Longitude: 90.25146
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SE 1/4 Sec 29 Twn 19N Rng 2W
Distance Direction Nearest Town
3 Miles NW of Colony Town

Well Data Old well 12' West drilled 4-14-06

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

Date well drilling started: 10-9-07 Date well drilling completed: 10-9-07 GW 42236

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

Static Water Level: 47 feet above or below (circle one) land surface Date measured: 10-9-07

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

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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

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Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

GW 42233

J-160

If well telescopes please sketch below and show depths.

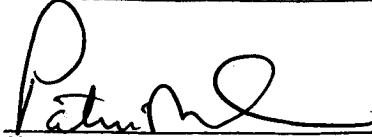
Ground Level

Description of Formations Encountered	From	To
Clay	0	28
Fine Sand	29	36
Medium Sand + Gravel	37	96
Clay	97	100

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.

Landowner Name: Walter Pennbaker


Signature of Water Well Contractor

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BY: OLWF

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:

Applicator: _____

Well #: J-160

Elevation: _____

County: Leflore
 Report #: 6W42233
 Irrigation Equipment
 Driller: _____
 Date completed: 10-9-07

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 Pennebaker</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>602 Schley Street</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Itta Bena Ms. 38941</u> City State Zip Code	<u>NE 1/4 SE 1/4 Sec 29 Twa 19N Rng 2W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3 miles NW of Colony Town</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/>	Electric Motor <input checked="" 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>50</u>
Date Pump Installed: <u>10-9-07</u>	Setting Depth: <u>80</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 <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 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: _____ Gallons Per Minute	RECEIVED NOV 05 2007
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)

BY: OLWR
 Signature of Pump Installer

J-160

6W42233

T 20

T 19 N

T 18 N

T 17 N

SUNFLOWER COUNTY

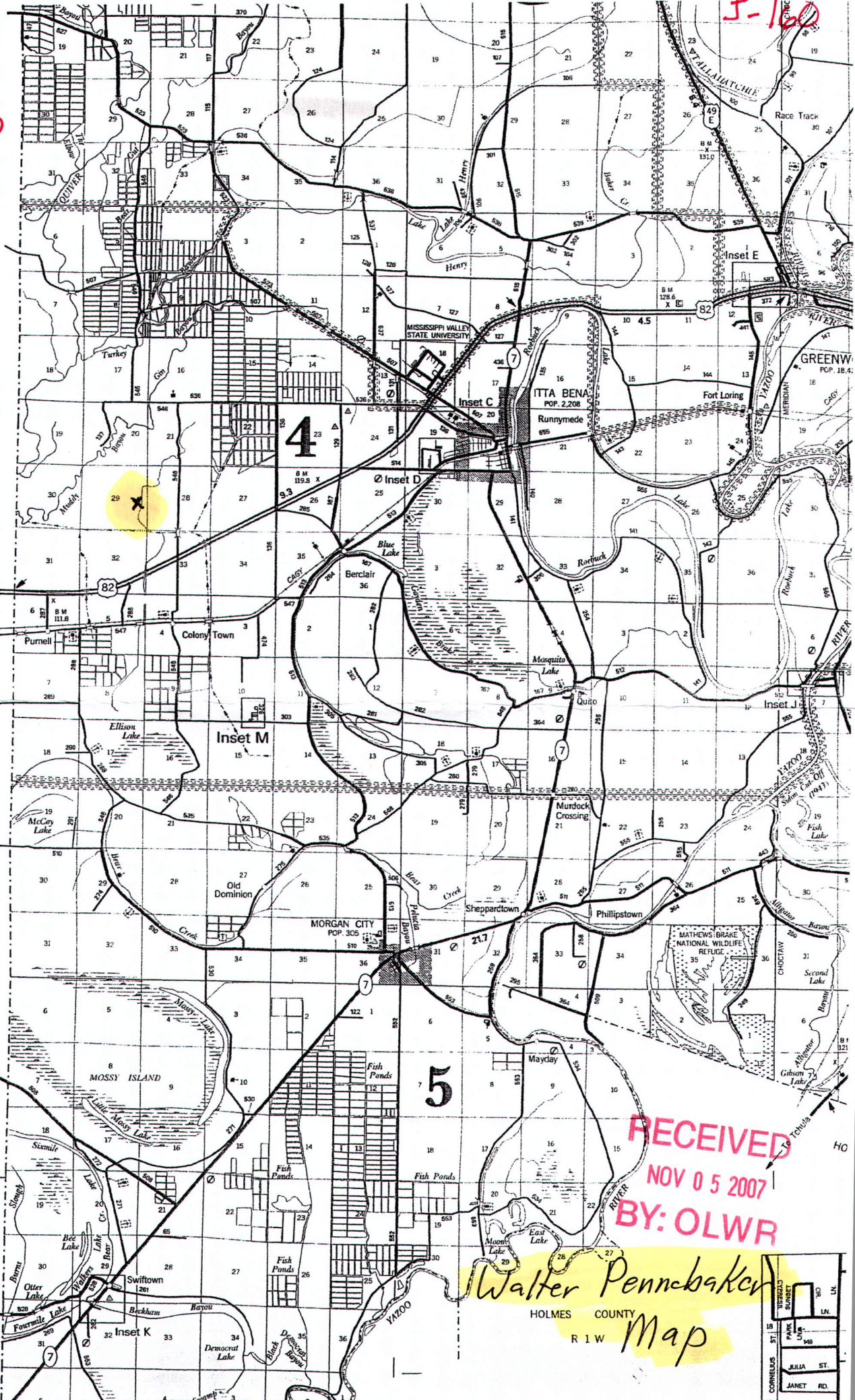
HUMPHREYS COUNTY

HOLMES COUNTY

R 1 W

Map

Walter Pennbaker



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 BY: OLWR

Walter Pennbaker
 Map

18	JULIA ST.
19	JANET RD.
20	CORNELLUS