

**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 #: 0164
L. S. Elevation: _____
E-log #: _____

by: Leflore
Permit #: 42657
Irrigation Equipment
Driller: _____
Date drilling completed: 6-14-08

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' 25.6"</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>Itta Bena</u> <u>Ms.</u> <u>38941</u>	<u>SW 1/4 SW 1/4</u> Sec <u>28</u> Twn <u>19N</u> Rng <u>2W</u>
City State Zip Code	Distance Direction Nearest Town <u>2</u> Miles <u>N</u> of <u>Colony Town</u>
Telephone No. () _____	

Well Data

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

Date well drilling started: 6-14-08 Date well drilling completed: 6-14-08

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

Static Water Level: 46 feet above or below (circle one) land surface Date measured: 6-16-08

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

Hole depth: 105 Well depth: 105 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 65 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 66 feet to 105 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: [Signature]

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YMD JOINT WATER
MANAGEMENT DISTRICT

42657

**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 #: 60042657
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 6-14-08

For Office Use Only:

Aquifer: _____
 Well #: J-164
 L. S. Elevation: _____
 E-log #: _____

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.

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Mailing Address: <u>602 Schley St.</u>	Method of Lat/Long (circle one): <u>57</u> Conventional Survey, <u>25</u>
<u>Itta Bena Ms. 38941</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 28 Twn 19N Rng 2W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2</u> Miles <u>N</u> of <u>Colony Town</u>

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 Other (describe): _____

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

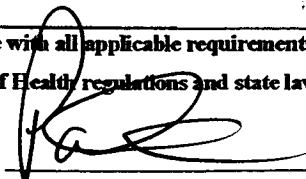
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

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

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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 #: 60042657
 Irrigation Equipment
 Driller:
 Date completed: 6-14-08

For Office Use Only:

Aquifer:
 Well #: J-164
 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 Pennebaker</u> Mailing Address: <u>602 Schley St.</u> <u>Itha Beng Ms. 38941</u> <small>City State Zip Code</small> Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SW 1/4 Sec 28 Twn 19N Rng 2W</u> Distance Direction Nearest Town <u>2 Miles N of Colony Town</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>6-16-08</u> Rated Pump Capacity: <u>1150[±]</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>30</u> Setting Depth: <u>80</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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) Signature of Pump Installer

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- 250 E2
- 251 E3
- 252 E3
- 253 B4, E3
- 254 D2, E2
- 255 E2
- 256 E2
- 258 E2
- 259 E2
- 261 B4, F1
- 262 B4, F1
- 263 D4, E4, G1
- 268 F1, F1
- 271 F1
- 272 F1
- 273 F1
- 274 E1
- 275 E1
- 279 E2
- 280 E2
- 281 E1
- 282 D1, E1, E2
- 283 E1
- 284 D2
- 285 D1
- 286 E1
- 287 E1
- 288 E1
- 289 E1
- 290 E1
- 291 E1
- 293 E3
- 294 E3, F3
- 295 E2, F2
- 296 B1
- 297 A2, A3
- 298 B1
- 299 B1
- 300 C3
- 301 C2
- 302 D1
- 303 E1
- 304 D2
- 306 E1, E2
- 306 D2
- 316 B4, F1
- 317 D3
- 316 C4
- 350 C3, C4
- 363 D3
- 364 E2, F2
- 367 C4
- 368 C2
- 370 C1
- 372 A4, D3
- 378 D4
- 393 B1
- 394 A1
- 395 B2
- 396 A1
- 397 A4
- 398 A4
- 419 G3
- 420 A2
- 422 A2
- 426 B1
- 441 D2
- 442 B4
- 443 E2
- 444 E3
- 450 B2
- 462 E2
- 464 B3
- 465 D3
- 466 D3
- 462 D4
- 474 E1
- 503 D4
- 505 A1
- 507 A4, D1, D2
- 508 F1
- 509 E2, F2
- 510 E1
- 511 E2, E3
- 512 B4, D3, E2, E3
- 513 D1, E1
- 514 A3, D1, D2
- 516 C2, D2
- 516 C2
- 517 C2
- 518 B3, C3
- 520 D3, D4, F4
- 521 C1
- 522 A1, A2, A3, B2
- 523 B1, C1, D1
- 524 E3, F3
- 525 A1, A2, C3, D3
- 526 A2, A3
- 527 C1
- 528 B4, F1
- 529 G1
- 530 F1
- 531 B1
- 533 E3
- 534 F2
- 535 E1
- 536 A4, D1
- 537 D1
- 538 C1, C2, D2
- 539 C2, D2
- 540 D3
- 541 B3
- 542 B3
- 543 B2, B3, B4
- 544 A1, B1
- 545 A1
- 546 C1, D1, E1
- 547 E1
- 548 E1, E2
- 548 A1, A2
- 560 A2, A3
- 562 F1
- 563 F1, F2, G1
- 564 A1
- 565 B4, D2, D3, E2, E3, F2
- 566 F3
- 567 E3, E4
- 568 B1, B2, B3
- 565 G1
- 577 D2
- 583 D2
- 626 B3, C3, D3
- AMANDA DR. F4
- ARNOLD DR. E4
- B LANE G3
- BIRO ST. E4
- BROWNING RD. F4
- CADILLAC CV. F4
- CHAMPANGE ST. E4
- CORNELIUS ST. G2
- CYPRESS LN. F2, G2
- DALLAS ST. F4
- DAVID JORDAN AVE. A4

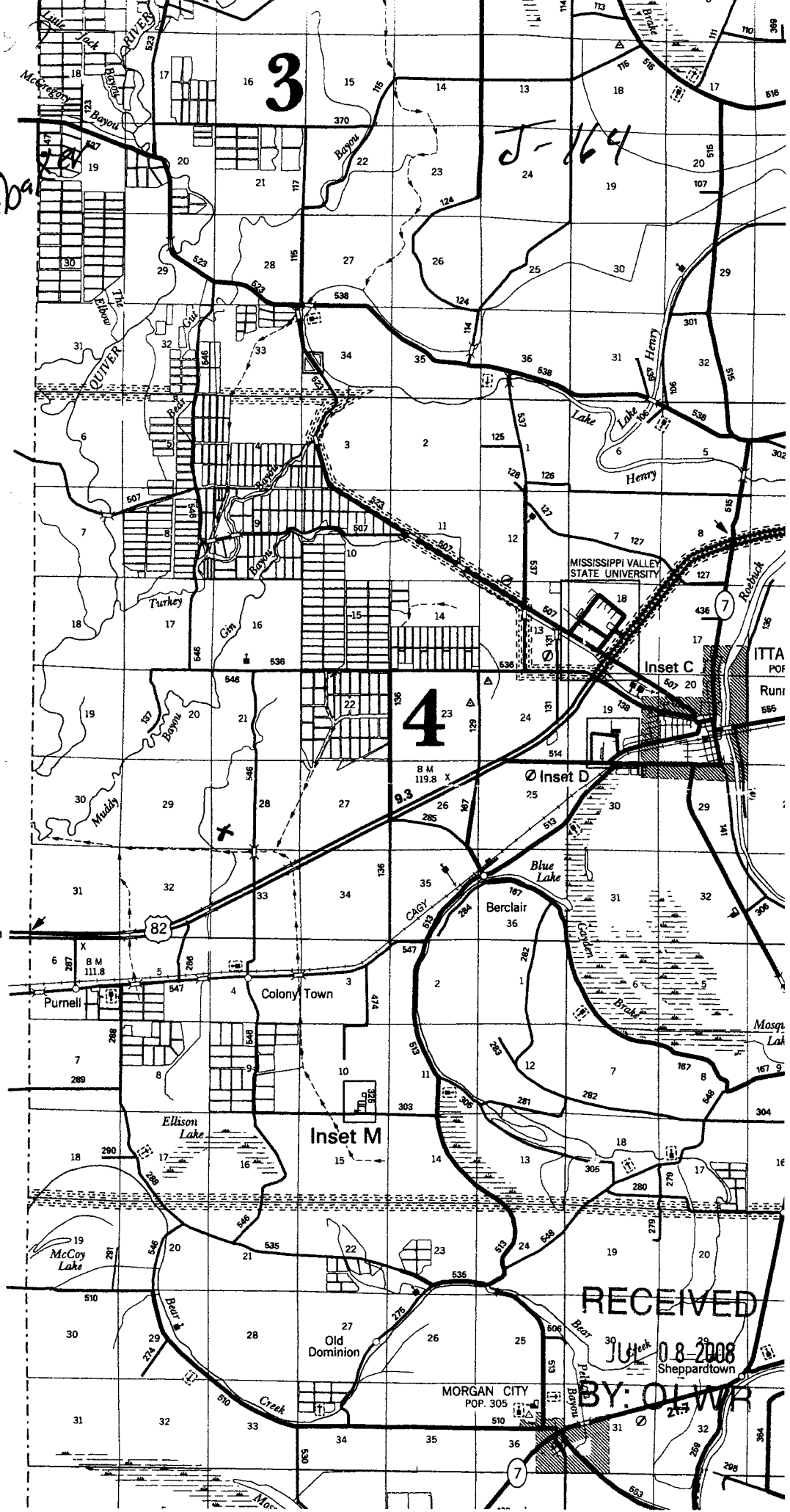
6104263
Walter Penneba
Map

T 20 N

T 19 N

T 18 N

SUNFLOWER COUNTY



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 Sheppardtown
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