

State Well Report Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Leflore
 Permit #: _____
 Driller: M. Ice Wells
 Date drilling completed: 5-19-09

For Office Use Only:
 Acquirer: _____
 Well #: K-143
 L S Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Walter Pennebaker</u>	Latitude: <u>N33° 32' 42.7"</u> Longitude: <u>W90° 20' 20.10"</u>
Mailing Address: <u>602 Schley Street</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Itta Benz MS 38941</u>	USGS quad, <u>(land-hold GPS)</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 6</u> Twn <u>19N</u> Rng <u>1W</u>
Telephone No. <u>(662) 299-0062</u>	Distance _____ Miles Direction _____ of Nearest Town <u>Itta Benz</u>

Well / Borehole Data

Date drilling started: 5-8-09 Date drilling completed: 5-19-09 Hole depth: 1277' Hole diameter: 9 7/8"

Location of the source of any surface water used for drilling: Near by well at pond
 Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

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

If a flowing well, method of flow regulation: Valve _____ Other (describe) N/A

Static Water Level: 28 feet above or below (circle one) land surface Date measured: 5-25-09

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

Well depth: 1056' Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 400' feet Casing diameter: 4 inches Type of casing: Galvanized

Screen length: 42 feet Screen diameter: 3 inches Type of screen: Stainless Steel

Screen slot size: .008 inches Setting depth: From 1008 feet to 1050 feet

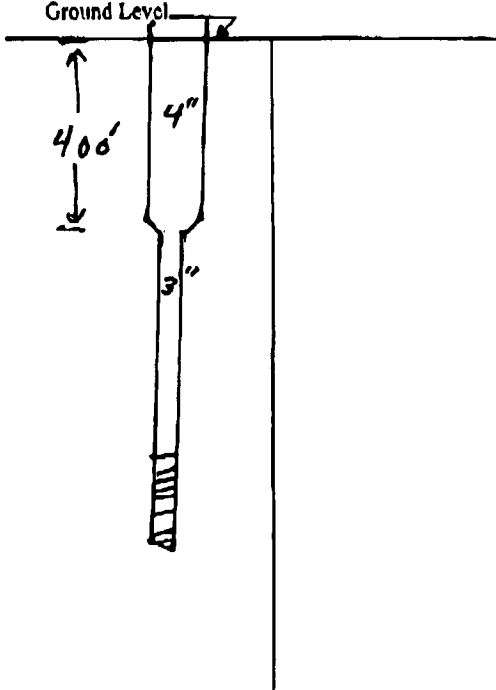
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

K-143

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

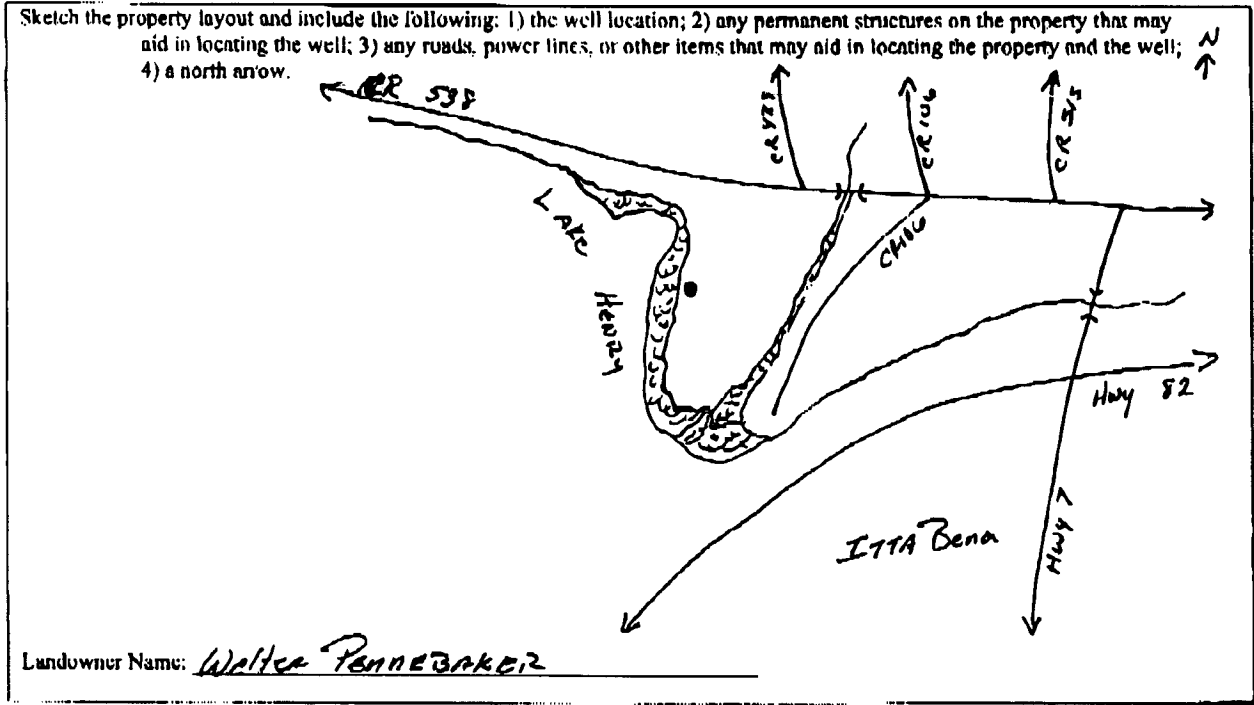


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground Level	8
Fine Sand	8	38
Medium Sand	38	60
Coarse Sand	60	94
Coarse Sand & Gravel	94	152
Clay	152	193
Sandy Clay	193	253
Fine Sand	253	312
Hard Shale	312	345
Fine Sand	345	418
Clay	418	500
Fine Sand	500	511
Sandy Clay	511	604
Sandy Clay & Shale	604	876
Hard Shale & Clay	876	984
Sand w/ shale streaks	984	1106
Hard Shale	1106	1158
Sandy Clay, shale & lignite	1158	1246
Hard Shale & Clay	1246	1277

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) a north arrow.



Landowner Name: Walter PENNEBAKER

Form: OLWIL-SWIL-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Clayton Miller 0-703 6-1-09 Clayton Miller
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

County Leflore
 Permit # _____
 Driller: J. DelWayne Griffin
 Date completed: 5-25-09
Copy information from block on Part 1

Part 2
Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: K-143
 Elevation: _____

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: <u>N33° 32' 42.96"</u> Longitude: <u>W90° 20' 20.10"</u>
Mailing Address: <u>602 Schley Street</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> ^{43'} Hand-held GPS <input checked="" type="checkbox"/> ^{20'}
<u>Itta Bena MS 38941</u> City State Zip Code	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ _____ 1/4 Sec <u>6 E 19N R 1W</u>
Telephone No. <u>(662) 299-0062</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles of <u>Itta Bena</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" 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 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>5hp</u>
Date Pump Installed: <u>5-25-09</u>	Setting Depth: <u>85</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-27-09</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>24</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>NC</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown ((B)-(A)): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>6.5</u> 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.

Clayton Milke 0-703 Clayton Milke
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer