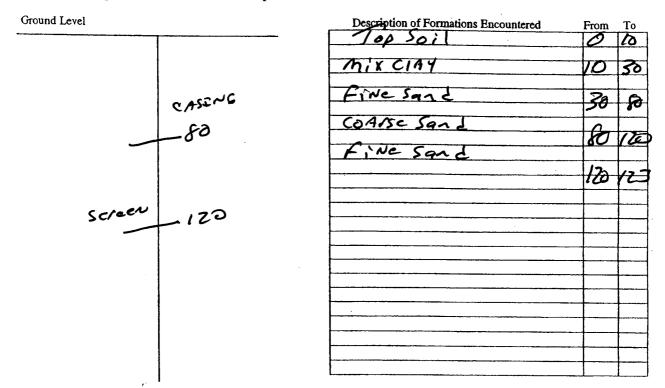
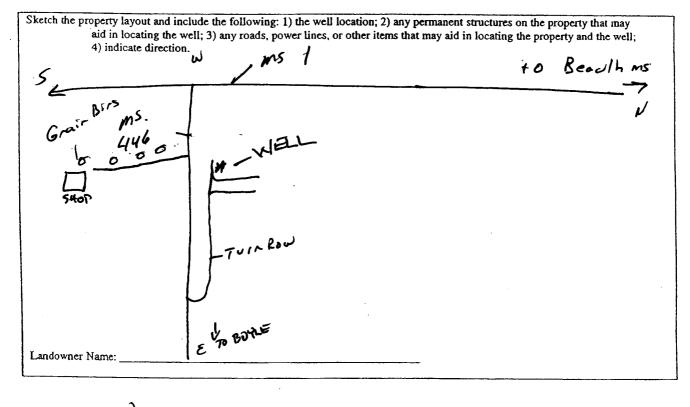
▶	Dahoney		
		ll Report	For Office Use Only:
BOLIVAR	Pa	rt 1 • E E-mission mental Quality	Aquifer:
mit # 6(6) (13219 Missi	Office of Land an	of Environmental Quality d Water Resources	Well #: 0131
Tiller J. NEWCOME	P.O. Bo	ox 10631	L.S. Elevation: K133
ate drilling completed: <u>4-27-09</u>	(601)9	5 39289-0631 61-5210	
		-6938 (fax)	E-log #:
State Law requires that this report be	e prepared by the	driller in detail and filed w	with the Department within
30 days of completion of drilling of th	e well.	· · · ·	ll Location
Well Owner Information			" Longitude: 90 . 56 . 45
wner Name Dahomey Plant	ation		
Tailing Address: 3 Simmy Win	emiller	Method of Lat/Long (circle	
114 Hideory Cre	ercine	USGS quad Hand-he	ld GPS) Survey-grade GPS
Little nouce Are City State		SE 1/ SW 1/4 Sec 3	L Twn 2th Rng TW
City State	Zip Code	Distance Direction	Nearest Town
Telephone No. (501) 993-0800		4 Miles NE	of BENDIT
	Well	Data	
· · · · · · · · · · · · · · · · · · ·			Other:
Purpose of Well (circle one) Home Industri	al Public Supply		
Date well drilling started: $\frac{2}{-27-6}$	09 Date	well drilling completed:	
If flowing, method of flow regulation: Valve_	Other (	(describe)	
Static Water Level:feet above	or below (circle one)	land surface Date measure	d:
Method of Measurement (circle one) steel			
	-		of lO feet
Hole depth: 123 Well depth:	$\frown$		
Type of grout (circle one): Cement	Bentonite Mi		Dur
Casing length:feet Casing of	diameter: <u>16</u>	inches Type of casing	
Screen length: 40 feet Screen	diameter:16	inches Type of screen	<u>PVC</u>
Screen slot size:	Setting depth: From	feet to	120 feet
			pen hole Natural Development
Type of completion (circle all applicable):		letteamed relescoped e	
	Other (describe):		
Top of lap pipe or reduction in casing:	feet. If	f telescoped or more than one	e screen, describe on back of page
Logs run (circle all applicable) No log run	Electric Gamma R	ay Density Sonic Neutro	on Other:
Name of organization running log(s): I certify that the well was drilled, construct	cted, and completed	in accordance with all applic	able requirements of the Mississippi
Department of Environmental Quality and	d/or the Mississippi	Department of Health regula	tions and state laws.
	0-772	2 12	0.00 0
Con Nensen		Signat	ure of Water Well Contractor
Prin: Name of Water Well Contractor and L	ACCIISC 140.	18	RECE
			JUN 0

If well telescopes please sketch below and show depths.



If more than one screen, show location of each on sketch



nature of Water Well Contractor

		STATE W	ELL REPORT		
County: <u>BOW</u> Permit #: <u>6</u> 114 Driller: <b>J.Neu</b> Date completed: <u>Y</u> -		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 #: 7.31 Elevation K133	
This report should installation of an	ld be prepared b	y the pump installer in deta	ail and filed with the Departme	ent within 30 days of the	
installation of pump. Well Owner Information			Well Location		
Owner Name: Dahoney Plantation		Latitude: 33° 42' 13" Longitude: 90° 56' 45"			
Mailing Address: 16 Simmy Winemiller			Method of Lat/Long (circle one): Conventional Survey,		
114 Hickory Crean Crace			USGS quad, Hand-held GPS, Survey-grade GPS		
City	He Nocic Sta	AL 72212 ate Zip Code	SE 14 SW 14 Sec_3 Distance Direction		
Telephone No. 501) 993 -0800		<u> </u>	of Benoit		
	Pump Type	2	Provide the second seco	wer Type	
	Circle one			Vircle one	
Air Lift	Jet	Submersible	Diesel Engine Gasoli	ne Engine Natural Gas	
Bucket	Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal	Rotary	Flowing Well	Windmill Other	(specify):	
Other (specify):		Horse Power Rating of Motor			
Date Pump Installed:		Gallons Per Minute	Setting Depth:	)feet	
	Pump Test D			easuring Water Level	
Date Well Tested:			Air Line Electric Me	asuring Line Steel Tape	
Pumping Water Level		Feet Below Land Surface	Other (specify):	- · ·	
Drawdown [(E) -(A)		Feet Below Land Surface		but in head:feet	
Test Pumping Rates		hours	Well yielded		
1				hours of pumping	
Const	Cur	atements are true to the best $0-0711P$		Jun	
a concertaine of Fump 1	nstaller and Licer	nse No. (if applicable)	Signature of Pump 1	nstaller RECEI	