

# 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: K156  
 Well #: Q-118  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Bolivar  
 Permit #: QW4198D /  
 Driller: JAMES HAGGER  
 Date drilling completed: 4-17-07

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>Dahomey Plantation</u>	Latitude: <u>33° 40' 30"</u> Longitude: <u>90° 58' 17"</u> <u>33-42-13</u> <u>90-57-28</u>
Mailing Address: <u>114 Hickory Creek Circle</u> <u>Little Rock, AR 72112</u>	Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	SE 1/4 SE 1/4 Sec. <u>7</u> Twn <u>21N</u> Rng <u>7W</u> 31 22N
Telephone No. <u>501-692-4391</u>	Distance: <u>4</u> Miles Direction: <u>NE</u> of Nearest Town: <u>BENOIL</u>

**Well Data**

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

Date well drilling started: 4-17-07 Date well drilling completed: 4-17-07

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

Static Water Level: 27 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 115 Well depth: 115 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 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 75 feet to 115 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.

X HAGGER Well service (# 542) X James Hagger  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

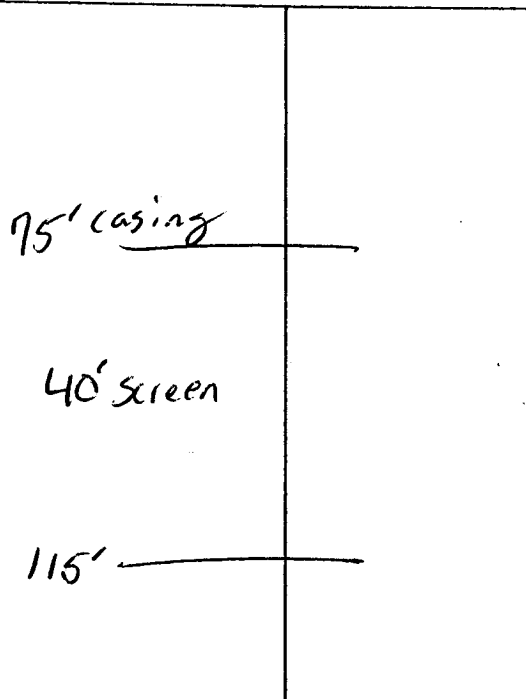
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 BY: OLWR

K156

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If well telescopes please sketch below and show depths.

Ground Level



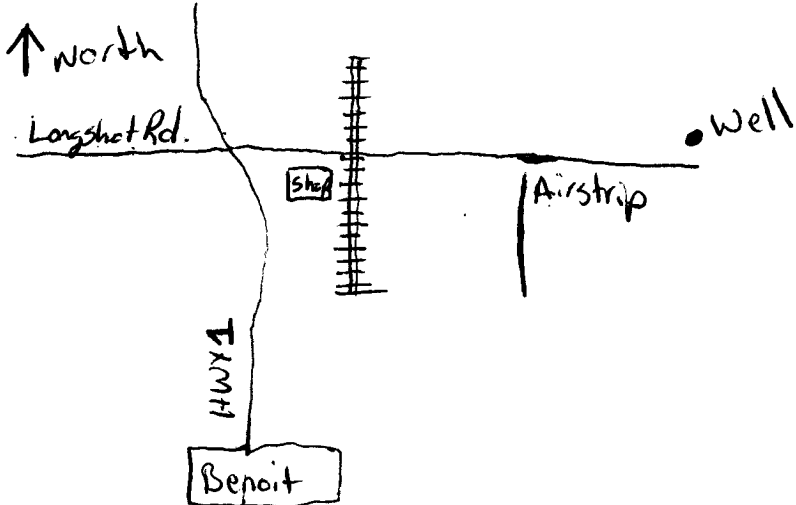
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	5
fine	5	50
medium	50	70
Coarse	70	116

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: DAHOMY PLANTATION

*Jamie Hopper*  
Signature of Water Well Contractor

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: K156  
Well #: ~~#118~~  
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 <u>33-42-13 90-57-28</u>
Owner Name: <u>DATONGY PLANTATION</u>	Latitude: <u>33-40-30</u>	Longitude: <u>90-58-17</u>
Mailing Address: <u>C/O Jimmy Wins Miller</u>	Method of Lat/Long (circle one): Conventional Survey.	
<u>114 Hickory Creek Circle</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS	
<u>Little Rock, AR 72212</u>	SW <u>1/4</u> SW <u>7</u> Twp <u>21N</u> Rng <u>7W</u>	
City State Zip Code	SE <u>31</u> Direction <u>NE</u> Nearest Town <u>Denair</u>	
Telephone No. <u>501 692-4391</u>	4 Miles <u>NE</u> of <u>Denair</u>	

Pump Type Circle one		Power Type Circle one		
Air Lift	Jet      Submersible	<u>Diesel Engine</u>	Gasoline Engine	Natural Gas
Bucket	Piston <u>Turbine</u>	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary      Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____		Horse Power Rating of Motor: <u>60</u>		
Date Pump Installed: <u>4-21-07</u>		Setting Depth: <u>60</u> feet		
Rated Pump Capacity: <u>3000</u> Gallons Per Minute		Number of Stages: <u>1</u>		

Pump Test Data		Method of Measuring Water Level Circle one		
Date Well Tested: _____		Air Line	Electric Measuring Line	Steel Tape
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				
Duration of Pump Test (minimum 4 hours): _____ hours				

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

GLEN ROWE #710-P  
Print Name of Pump Installer and License No. (if applicable)

[Signature]  
Signature of Pump Installer

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