

Part 2 never received

Dahomey

3/13

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)

For Office Use Only:

Aquifer: L 252
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: BOLIVAR
Permit #: _____
Driller: J. NEWCOME 0-773
Date drilling completed: 11-11-09
Chicot IRR

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° 43' 06"</u> Longitude: <u>90° 51' 58"</u>
Mailing Address: <u>C/O Jimmy Winemiller</u> <u>114 Hickory Creek Circle</u> <u>Little Rock AR 72212</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad. <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>31</u> Twn <u>22N</u> Rng <u>TW</u>
Telephone No. <u>(501) 868-7676</u>	Distance: <u>4</u> Miles Direction: <u>NE</u> of Nearest Town: <u>BENIT</u>

Well Data

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

Date well drilling started: 11-11-09 Date well drilling completed: 11-11-09

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

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

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

Hole depth: 123 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 0.50 inches Setting depth: From 80 feet to 120 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.

JOHN NEWCOME 0-773

Print Name of Water Well Contractor and License No.

[Signature]

Signature of Water Well Contractor

NO PUMP SET

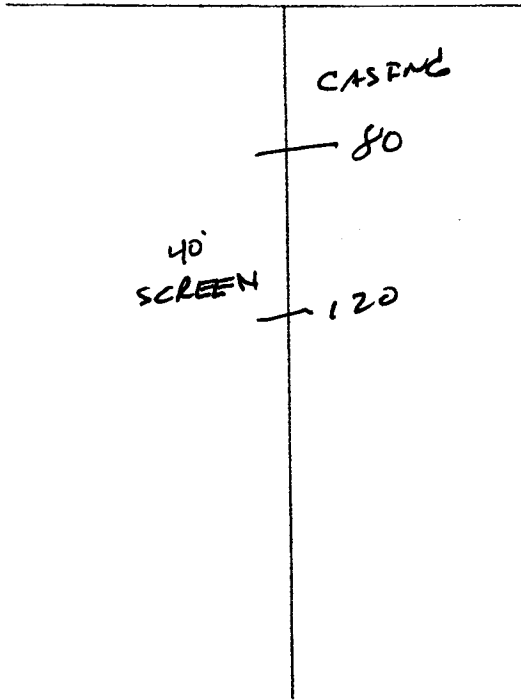
RECEIVED

DEC 13 2009

BY: OLWR

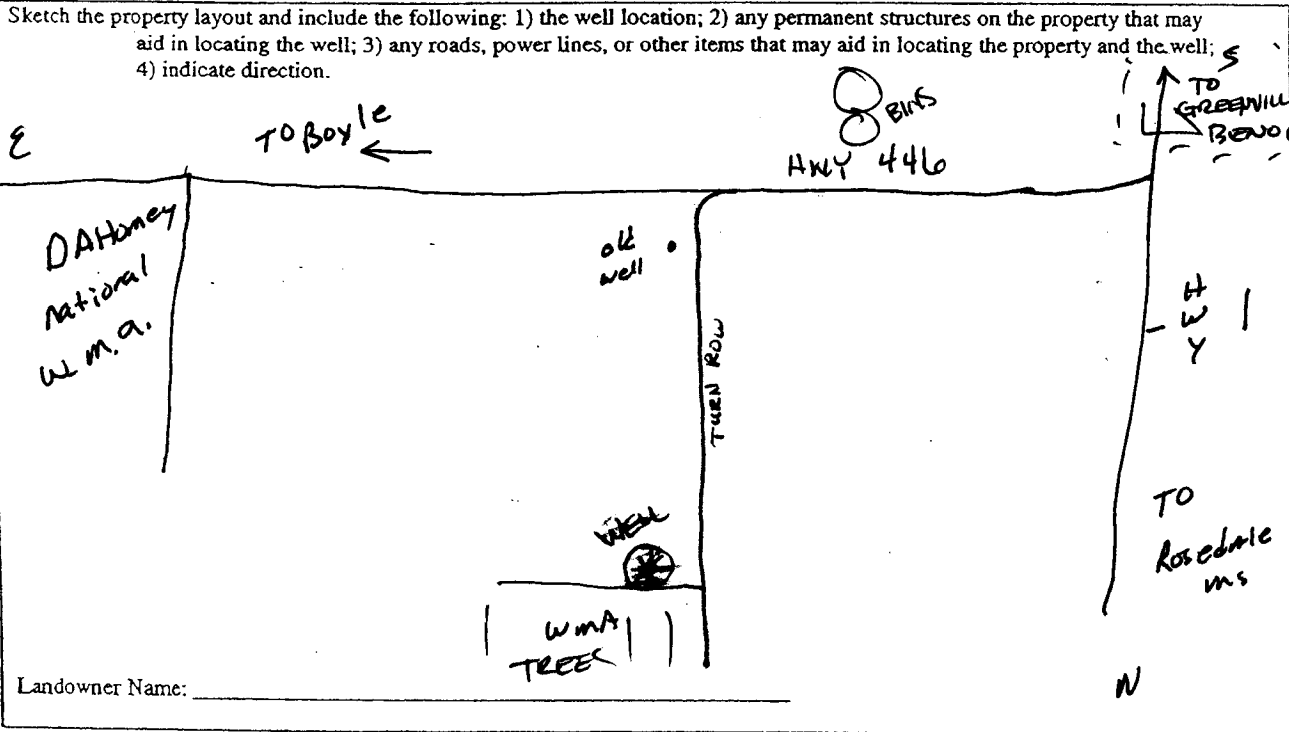
If well telescopes please sketch below and show depths.

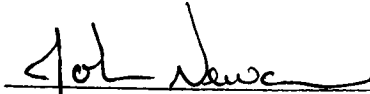
Ground Level



Description of Formations Encountered	From	To
Top Soil	0	10
Sand-clay mix	10	40
Fine Sand	40	50
Med. Sand	50	80
Coarse Sand	80	123

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




 Signature of Water Well Contractor