

Dahomey

State Well Report

Part 1 - Driller's Log

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)

County: Bolivar ✓
 Permit #: 6W-45480 ✓
 Driller: J. Newcome 0-773
 Date drilling completed: 6-29-12

For Office Use Only:
 Aquifer: N157
 Well #: _____
 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>Dahomey Farms</u>	Latitude: <u>33 40 28"</u> Longitude: <u>090 59 14"</u>
Mailing Address: <u>6140 Dovecote lane</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> USGS quad <input checked="" type="checkbox"/> <u>Hand-held GPS</u> <input type="checkbox"/> Survey-grade GPS
<u>Memphis</u> <u>TN</u> <u>38120</u> City State Zip Code	<u>NW 1/4 NW 1/4 Sec 33</u> <u>Twn 21N</u> <u>Rng 08W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2.1</u> Miles <u>North</u> of <u>Beneit ms</u>

Well / Borehole Data

Date drilling started: 6-29-12 Date drilling completed: 6-29-12 Hole depth: 113 Hole diameter: 20

Location of the source of any surface water used for drilling: Ditch / Pond / Canal
 Method of dosing and volume of Chlorine used in drilling and development: Chlorine Tablets

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) _____

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: _____

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 80 feet to 110 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 next page***

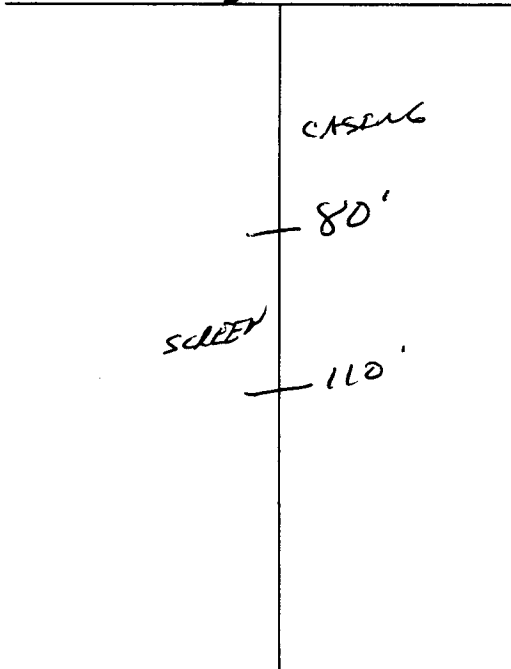
FEB 20 2013

N157

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



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	0	10
MIX CLAY	10	30
FINE Sand	30	80
COARSE Sand - gravel	80	113

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.

See MAP

Landowner Name: _____

Form: OLWR-SWR-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.

JOHN NEWCOME 0:773 6.29.2012

Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

Part 2

County: Bolivar
 Permit #: 6W-45480
 Driller: J. Newcome 0-773
 Date completed: 7-2-2012

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 #: N157
 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>Dahomey Farms</u>	Latitude: <u>33.4028</u> Longitude: <u>90.59.14</u>
Mailing Address: <u>6140 Dovecote Lane</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Memphis</u> <u>TN</u> <u>38120</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 33 Twn 21N Rng 08W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2.1</u> Miles <u>North</u> of <u>Benoit</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30^{HP}</u>
Date Pump Installed: <u>7-2-2012</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1200</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 <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
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.

Hubbard Stephens 741-P Hubbard Stephens
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR

Internet Mapping Framework



Legend

- County Boundaries
- Township
- Public Land Survey System
- MS One Call Natchez Trace Parkway
- MS One Call Interstate Highway
- MS One Call US / State Highway
- MS One Call 3 digit State Highway
- MS One Call County Roads and Streets
- Incorporated Cities
- Other Urban (non-incorporated)
- NHD Other Areas (dbi streams and inun)

adams07_m.sid
alcorn07_m.sid
amite07_m.sid
attala07_m.sid
benton07
bolivar07_m.sid
calhoun07_m.sid
carroll07_m.sid
chickasaw07_m.sid
choctaw07_m.sid
claiborne07_m.sid
clarke07_m.sid

Scale: 1:32,889



This map is a user generated static output from an Internet mapping site and is for general reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable. THIS MAP IS NOT TO BE USED FOR NAVIGATION.

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