

Dalton, 4

# 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: \_\_\_\_\_  
Well #: Q-125  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: BOLIVAR  
Permit #: 6042634  
Driller: J. NEWCOME 0-773  
Date drilling completed: 5-22-08

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>Dalton Plantation</u>             | Latitude: <u>33° 41' 57"</u> Longitude: <u>90° 56' 23"</u><br><u>58</u>   |
| Mailing Address: <u>114 Hickory Creek Circle</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u>   |
| <u>Little Rock, AR. 72212</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>30</u> Twn <u>21N</u> Rng <u>7W</u>  |
| Telephone No: <u>501-666-9280</u>                | <u>NE</u> <u>NE</u> <u>35</u><br>Distance Direction Nearest Town<br><u>4</u> Miles <u>NW</u> of <u>BENOIT</u> <u>8W</u> |

### Well Data

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

Date well drilling started: 5-22-08 Date well drilling completed: 5-22-08

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: 110 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 14 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 65-85 feet to 90-110 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 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

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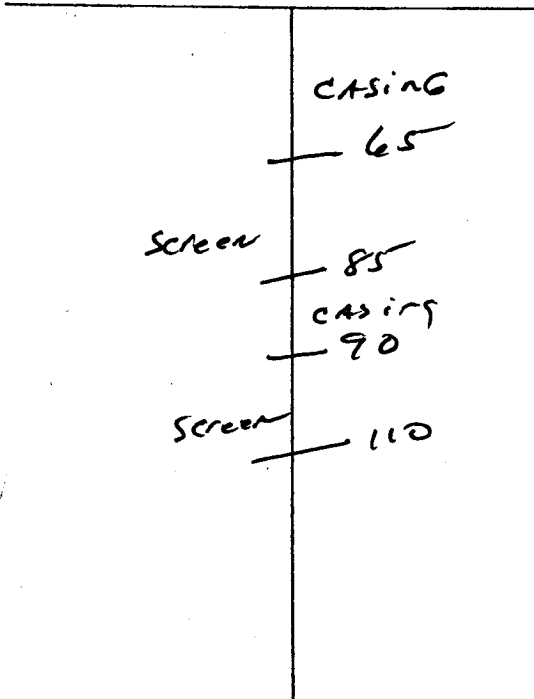
JUL 02 2008

BY: OLWR

Q-125

If well telescopes please sketch below and show depths.

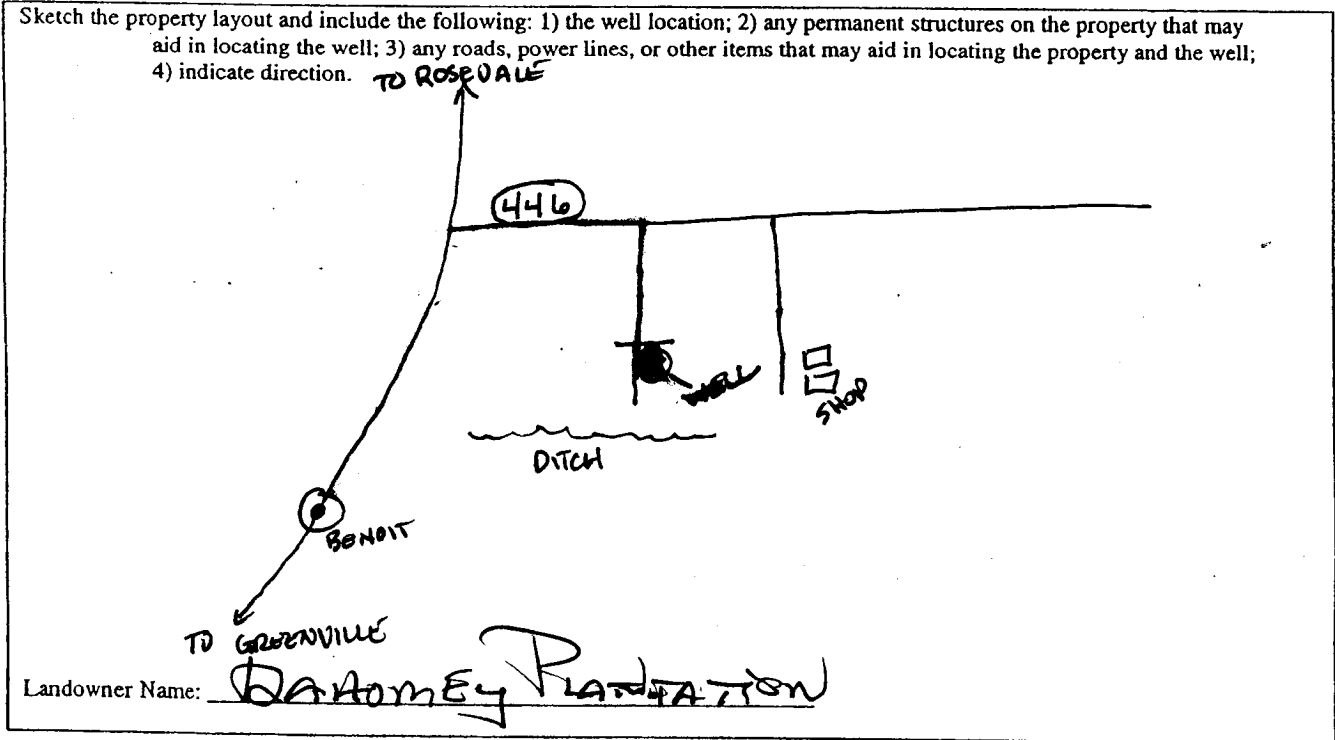
Ground Level



| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| Top Soil                              | 0    | 10  |
| Mix CLAY                              | 10   | 38  |
| Fine Sand                             | 38   | 65  |
| Gravel                                | 65   | 85  |
| Fine Sand                             | 85   | 90  |
| Gravel                                | 90   | 110 |
|                                       |      |     |
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|                                       |      |     |

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.



J. D. Dowa  
 Signature of Water Well Contractor

# STATE WELL REPORT

## 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 #: Q-125  
 Elevation: \_\_\_\_\_

County: BOLIVAR  
 Permit #: 6W42634  
 Driller: J. NEWCOME O-773  
 Date completed: 5-22-08

**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>DALOMEY PLANTATION</u>                | Latitude: <u>33-41-57</u> Longitude: <u>90-58-33</u>   |
| Mailing Address: <u>114 HICKORY CREEK CIRCLE</u>     | Method of Lat/Long (circle one): <u>Conventional Survey</u>  |
| <u>LITTLE ROCK, AR. 71653</u><br>City State Zip Code | USGS quad, Hand-held GPS, Survey-grade GPS   |
| Telephone No: <u>501-666-9280</u>                    | SE 1/4 NW 1/4 Sec <u>6</u> Twn <u>21N</u> Rng <u>7W</u><br>NE NE Direction <u>35</u> Nearest Town <u>8W</u><br><u>4</u> Miles <u>NW</u> of <u>BEAUMONT</u> |

| Pump Type<br>Circle one   | Power Type<br>Circle one  |
|---|---|
| Air Lift Jet Submersible<br>Bucket Piston <u>Turbine</u><br>Centrifugal Rotary Flowing Well<br>Other (specify): _____ | <u>Diesel Engine</u> Gasoline Engine Natural Gas<br>Electric Motor Hand Tractor PTO<br>Windmill Other (specify): _____<br>Horse Power Rating of Motor: _____<br>Setting Depth: <u>70</u> feet<br>Number of Stages: <u>1</u> |
| Date Pump Installed: <u>5-30-08</u>   |   |
| Rated Pump Capacity: <u>3000</u> Gallons Per Minute   |   |

| Pump Test Data   | Method of Measuring Water Level<br>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): <u>NOT TESTED</u> 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 Glen Rowe  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 JUL 02 2008  
 BY: OLWR