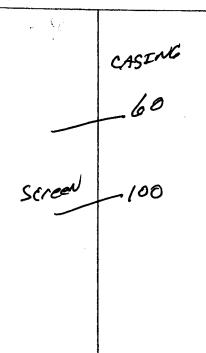
	State W/	ll Renort	
	State Well Report Part 1		For Office Use Only:
County: BOLIVAR			Aquifer:
Permit #GU'43197	Mississippi Department of Environmental Quality Office of Land and Water Resources		Well #: Q-129
Driller J. NEWCOME 0-773	P.O. Be	ox 10631	· · ·
	Jackson, M.	5 39289-0631 61-5210	L. S. Elevation:
Date drilling completed: 4-24-09	(601)961-5210 (601)354-6938 (fax)		E-log #:
State Law requires that this rep	ort be prepared by the	driller in detail and filed	with the Department within
30 days of completion of drilling Well Owner Inform		W	ell Location
Owner Name Dahaney Pla		Latitude: 33 . 42. 0	2" Longitude: 10 . 57 . 64 "
Mailing Address: 16 Jimmy			one): Conventional Survey,
- \	Casere Unde	USGS quad, Hand-h	eld GPS Survey-grade GPS
Little Nour		NW 1/4 DE 1/4 Sec_	5 Twn 21N Rng TW
	tate Zip Code	NW Distance Direction	n Nearest Town
Telephone No. (501) 993 - 08		<u>H</u> Miles <u>NE</u>	of BENDIT
	Well	Data	
Purpose of Well (circle one) Home	ndustrial Public Supply	Irrigation Fish Culture	e Other:
Date well drilling started: $\frac{1}{24}$			1-74-09
If flowing, method of flow regulation: V	Valve Other (describe)	
Static Water Level:feet	shove or below (circle one)	land surface Date measur	ed:
1		•	· · ·
Method of Measurement (circle one)	steel tape electric tap	• <u> </u>	
Hole depth: <u>103</u> Well	depth:00	Well grouted to a depth	of <u> </u>
Type of grout (circle one): Cement	Bentonite) Miz	ĸ	
			PVC
Casing length: 6 feet C	asing diameter:	inches Type of casin	6
Screen length: 40 feet 5	Screen diameter:	inches Type of scree	$p_{\rm vc}$
1	es Setting depth: From	60 feet to_	_100_feet
Type of completion (circle all applicab			Open hole Natural Development
"		-	
Top of lap pipe or reduction in casing:	-		
Logs run (circle all applicable): No lo	g run Electric Gamma R	ay Density Sonic Neutr	on Other:
Name of organization running log(s):			
I certify that the well was drilled, co	nstructed, and completed i	n accordance with all applie	cable requirements of the Mississippi
Department of Environmental Qual	ity and/or the Mississippi I	Department of Health regula	ations and state laws.
Tour al-	0-773	402	- newane
JOHN NEWCOME			
JOHN NEWCOME Print Name of Water Well Contractor	and License No.	Signa	ture of Water Well Confident CEN
	and License No.	Signa	MAY 0 8 2

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If well telescopes please sketch below and show depths.

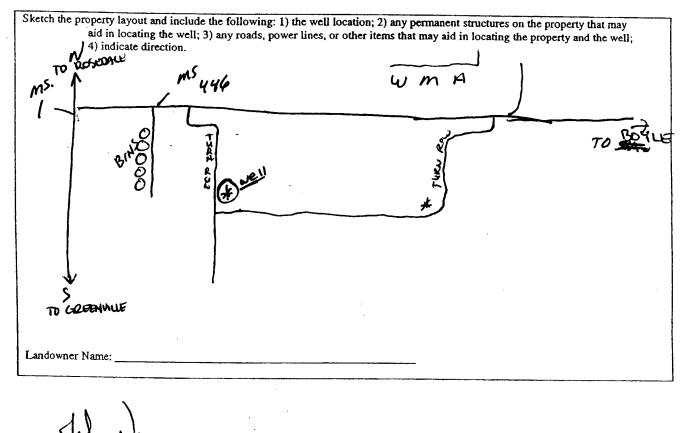
Ground Level



Description of Formations Encountered	From	To
App Soil	0	10
Mix CIAY	10	20
Fine Sand	20	60
COAlse Sand - gravel	60	102
	<u> </u>	
	-	
· · · · · · · · · · · · · · · · · · ·		

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

Signature of Water Well Contractor



	ELL REPORT	•
County: DOLLOUR Pump Installer Permit #. D. Neutome Office of Land	Part 2 -'s Completion Report ent of Environmental Quality and Water Resources . Box 10631	For Office Use Only: Aquifer:
Date completed: <u>4-24-09</u> (60)	MS 39289-0631 1)961-5210 554-6938 (fax)	Well #:
This report should be prepared by the pump installer in det installation of pump.	ail and filed with the Departme	nt within 30 days of the
Well Owner Information		Il Location
Owner Name: Dahomey Plantation	Latitude: 33°42'02	2"Longitude: <u>90° 51'04</u> "
Mailing Address: 2 Simmy Winemiller	Method of Lat/Long (circle or	ne): Conventional Survey,
114 Hickory Creek Linele	USGS quad, Han	d-held GPS, Survey-grade GPS
City State Zip Code	NW 1/4 NE 1/4 Sec	Twn JIN Rng TW
	Distance Direction	Nearest Town
Telephone No. (501) 993 - 0800	4_Miles NE	of Benoit
Рштр Туре		
Circle one		wer Type Eircle 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	60
Date Pump Installed: 4-24-09	Setting Depth: <u>10</u>	feet
Rated Pump Capacity: 2800 Gallons Per Minute	Number of Stages:	-
Pump Test Data		easuring Water Level
Date Well Tested:	Air Line Electric Mea	asuring Line Steel Tape
Static Water Level (A) Feet Below Land Surface	Other (specify):	
Pumping Water Lavel (B): Feet Below Land Surface	· · ·	
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured sl	but in head:feet
Test Pumping Rate:Gallons Per Minute	Well yielded	GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet after _	hours of pumping
I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.	
Print Name of Pump Installer and License No. (if applicable)		Direcell
and License NO. (II applicable)	Signature of Pump I	
		MAY 0 8 2
		BY: OL

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