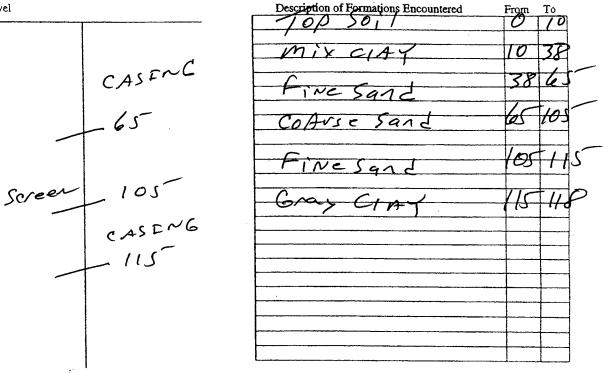
DAhomey 111.	
Never received Partz State Well Report	For Office Use Only:
County: Balivar Part 1	Aquifer: 0142
County: <b>USITIVAT</b> Permit #: Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer.
P.O. Box 10631	L. S. Elevation:
Driller: J. NENCOME   O.775   Jackson, MS 39289-0631     Date drilling completed:   9-11-09   (601)961-5210	
(601)354-6938 (fax)	E-log #:
No permet State Law requires that this report be prepared by the driller in detail and filed w	with the Department within
10 dame of completion of drilling of the Well.	Il Location
Owner Name Danomer Plantation Latitude: 33.39.23	
Mailing Address: 114 Hickory Creek Cinchethod of Lat/Long (circle one): Conventional Survey.	
USGS quad Hand-held GPS, Survey-grade GPS	
Little Rock AR 72212 SE 4 HE 4 Sec 19	TwnZIN Rng MI
City State Zip Code NE NW	Nearest Town
Telephone No. 501968 - 7676MilesME	of BENDIT
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:	
Date well drilling started: $9 - 10 - 09$ Date well drilling completed: $9 - 11 - 09$	
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:  Well depth:  Well grouted to a depth of the steel tape	
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 65 feet to 105 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	e screen, describe on back of page
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutro	on Other:
Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance with all application	able requirements of the Mississippi
Department of Environmental Quality and/or the Mississippi Department of Health regulat	tions and state laws.
JOHN NEWCOME 0-773 JOLA	biven e
Signatu	ure of Water Well Contractor
* Pump Log will be sent i Set	n une RECEIVE DEC 1 & 2009 BY: OLW

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If well telescopes please sketch below and show depths.





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

ature of Water Well Contractor

