

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: _____
 Well #: 0143
 L. S. Elevation: _____
 E-log #: _____

County: BOLIVAR
 Permit #: MS 6W 43836
 Driller: J. HEWCOME 0-773
 Date drilling completed: 4-2-10

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>Danomey Plantation</u> | Latitude: <u>33° 41' 56"</u> Longitude: <u>90° 55' 59"</u> |
| Mailing Address: <u>114 Hickory Creek Circle</u> <u>c/o Jimmy Winemiller</u> <u>Little Rock AR 72212</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | USGS quad: <u>SE</u> ¼ <u>NW</u> ¼ Sec <u>4</u> Twn <u>21N</u> Rng <u>7W</u> |
| Telephone No. <u>(501) 868-7676</u> | Distance: <u>2.4</u> Miles Direction: <u>north</u> of Nearest Town: <u>Benoit</u> |

Well Data

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

Date well drilling started: 4-2-10 Date well drilling completed: 4-2-10

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: .050 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.

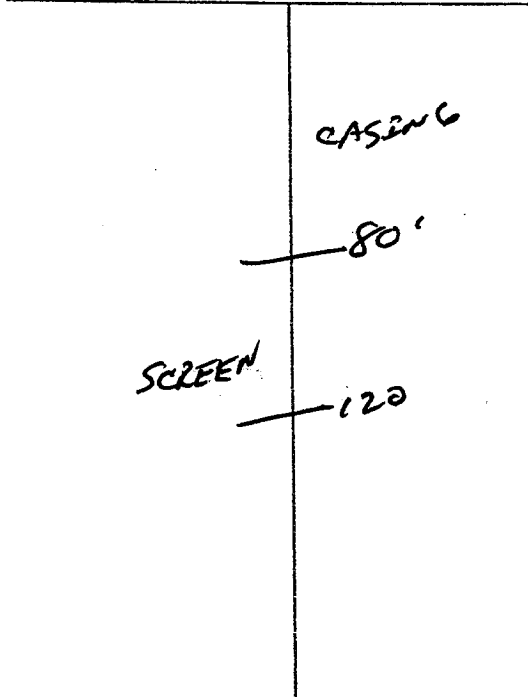
JOHN HEWCOME 0-773
 Print Name of Water Well Contractor and License No.

John Hewcome
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

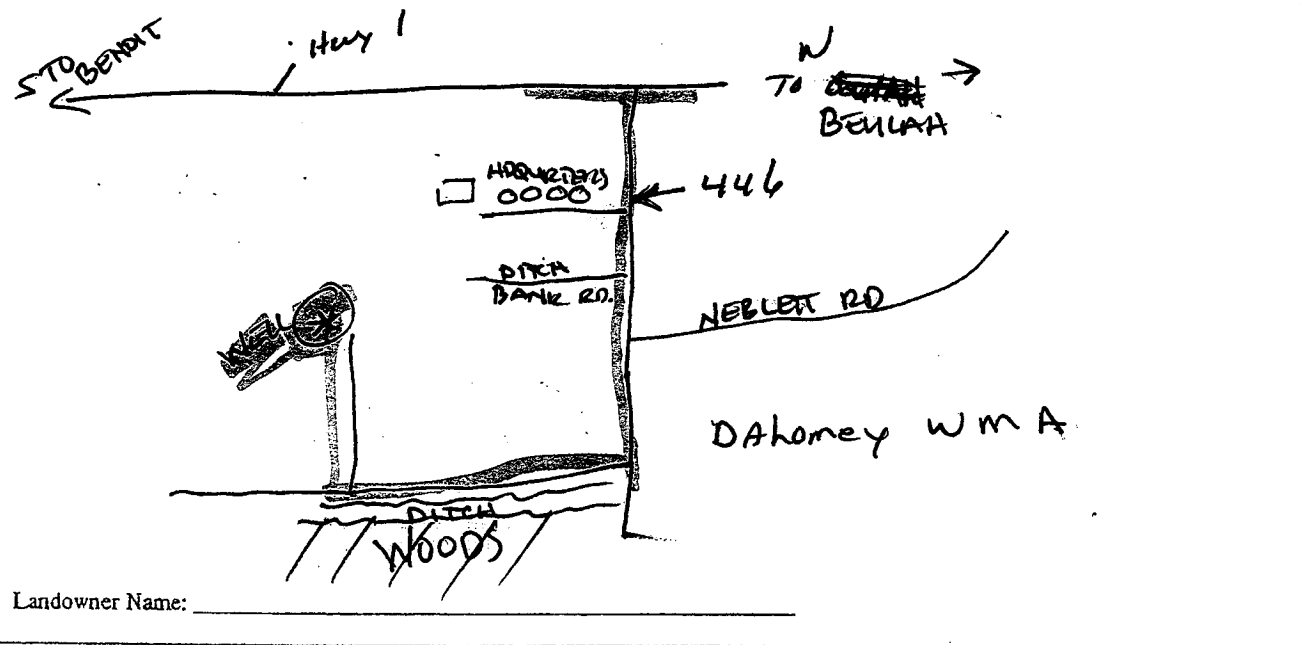
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Top Soil | 0 | 10 |
| Mix CLAY | 10 | 40 |
| Med Coarse Sand | 40 | 80 |
| COARSE Sand | 80 | 120 |
| Gravel | 120 | 123 |
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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.



John Newman
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)

County: Bolivar
 Permit #: _____
 Driller: J. Newcome 0-713
 Date completed: 4-2-10

For Office Use Only:
 Aquifer: _____
 Well #: Ø143
 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 Plantation</u> | Latitude: <u>33°41'56"</u> Longitude: <u>90°55'59"</u> |
| Mailing Address: <u>114 Hickory Creek Circle</u> <u>% Jimmy Winemiller</u> <u>Little Rock, AR 72212</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>SE</u> ¼ <u>NW</u> ¼ Sec <u>4</u> Twn <u>21N</u> Rng <u>7W</u> |
| Telephone No. <u>(501) 868-7676</u> | Distance: <u>2.4</u> Miles Direction: <u>N</u> of Nearest Town: <u>Benoit</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift: _____ Jet: _____ Submersible: _____ | Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____ |
| Bucket: _____ Piston: _____ <u>Turbine</u> | Electric Motor: _____ Hand: _____ Tractor PTO: _____ |
| Centrifugal: _____ Rotary: _____ Flowing Well: _____ | Windmill: _____ Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>600</u> |
| Date Pump Installed: <u>4/14/10</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>3000</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: _____ Electric Measuring Line: _____ Steel Tape: _____ |
| 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.
Cory Rowe 0-711P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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