

Dahomey 2 North
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 #: Ø.144
L. S. Elevation: _____
E-log #: _____

County: Bolivar
Permit #: GW43839
Driller: J. NEWCOME 0.773
Date drilling completed: 6-3-10

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>Dahomey Plantation</u>	Latitude: <u>33° 40' 12"</u> Longitude: <u>90° 56' 34"</u>
Mailing Address: <u>90 Jimmy Winemiller</u> <u>114 Hickory Creek Cir.</u> <u>Little Rock AR 72212</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	NE ¼ SE ¼ Sec <u>17</u> Twn <u>21N</u> Rng <u>7W</u> SW NE
Telephone No. (____) _____	Distance: <u>3</u> Miles Direction: <u>NE</u> of Nearest Town: <u>BENNET</u>

Well Data

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

Date well drilling started: 6-3-10 Date well drilling completed: 6-3-10

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: 118 Well depth: 115 Well grouted to a depth of 10 feet

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 60-90 feet to 105-115 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of tap 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.

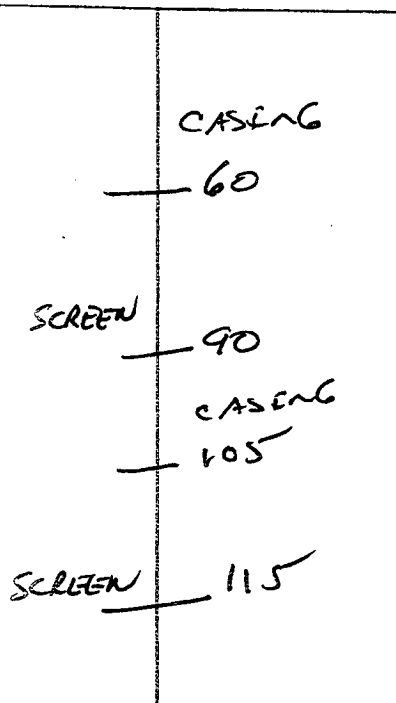
[Signature]
Signature of Water Well Contractor

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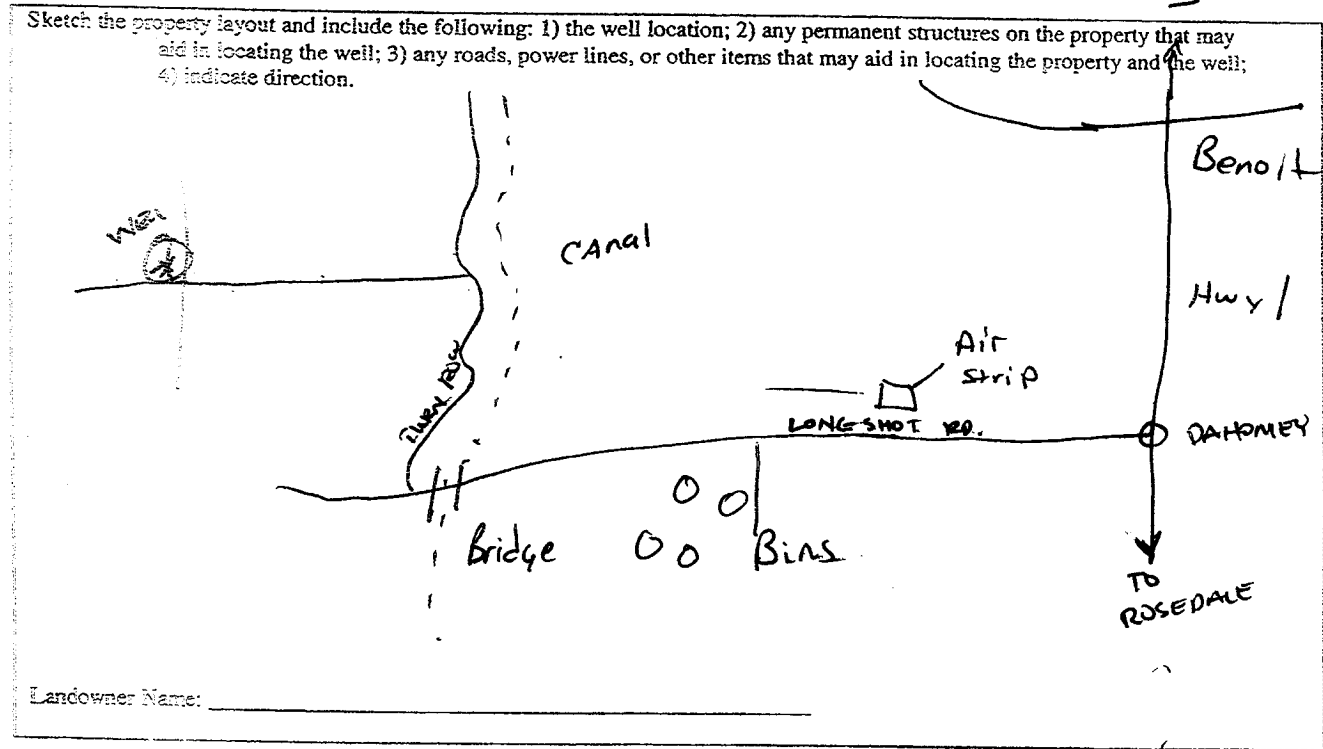
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP Soil	0	10
Mix Clay	10	30
Fine Sand	30	60
COARSE Sand	60	90
Fine Sand	90	105
COARSE Sand - Gravel	105	115

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



Landowner Name: _____

[Signature]
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 #: <u>Ø 144</u>
Elevation: _____	

County: <u>Solimar</u>	Pump #: _____
Driller: <u>Newcome</u>	Date completed: <u>6/3/10</u>

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>Danomey Plantation</u>	Latitude: <u>33° 40' 12"</u> Longitude: <u>90° 56' 34"</u>
Mailing Address: <u>C/O Jimmy Lummiller</u> <u>14 Hickory Creek</u> <u>Little Rock AR, 72212</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
State: <u>AR</u> Zip Code: <u>72212</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No.: _____	NE ¼ SE ¼ Sec <u>17</u> Twn <u>21N</u> Rng <u>7W</u>
	SW NE Distance Direction Nearest Town
	<u>3</u> Miles <u>NE</u> of <u>Benoit</u>

Pump Type Circle one	Power Type Circle one
Air Lin: <input type="checkbox"/> Jet <input type="checkbox"/> Submersible Bucket: <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine Centrifuga: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>
Date Pump Installed: <u>6/3/10</u>	
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Test: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): _____ Feet Below Land Surface	
Pumping Water Level (B): _____ Feet Below Land Surface	
Drawdown (B - A): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Con Rowe
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

0-711P

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