DAMOULY ITZ 43833 State Well Report

County: BOLIVAR Driller J. NEWCOME 0:773

Date drilling completed: 5-25-2011

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: 0 /53
Well #:
L. S. Elevation:
E-log #:

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.	TTI. II T - addam			
Well Owner Information	Well Location			
Owner Name Dahoney Plantation	Latitude: 33 . 41 . 11 " Longitude: 90 . 57 . 14 "			
Mailing Address: 114 Hickory Greek Circle	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad Hand-held GPS Survey-grade GPS			
City State Zip Code	NW NW OS Direction Nearest Town 4.5 Miles NE of BENETT			
Telephone No. ()				
Well	Data			
n entiticinal II I I I Dublic Conniv	Irrigation Fish Culture Other:			
Purpose of Well (circle one) Home Industrial Public Supply				
Date well drilling started: 5-25-2011 Date well drilling completed: 5-25-2011				
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 tap	e air line other:			
Hole depth: Well depth: Well grouted to a depth of feet				
Cosing length, 70 feet Cosing diameter. W inches Type of casing:				
Screen length: 40 feet Screen diameter: 16	inches Type of screen:P. V. C.			
Screen slot size:				
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 R.	ay Density Sonic Neutron Other:			
Name of organization running log(s):				
I certify that the well was drilled, constructed, and completed in	n accordance with all applicable requirements of the Mississippl			
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
JOHN NEWCOME 0.773	Sol New -			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

If well telescopes please sketch below and show depths.

Ground Level	
	The casing
	1

Description of Formations Encountered	F	T.
126 SOLL	From	To
CLAY	$+$ $\frac{1}{\circ}$	10
MET SAND	10	30
MUDIA 2011	30	120
COMPSO SAND PERBU	180	10
COMESO SAND/VESISCE	70	110
Bottom	1110	1715
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If more than one screen, show location of each on sketch

4) indicate directi	well; 3) any roads, power lines, or other items that may aid in locating the property and	
	SEE MAP	
_andowner Name:		

Signature of Water Well Contractor

County: BOLIVAR Permit #: GW . 43833

Driller: J. NEWCOME 0.773 Date completed: 5.25, 2011

Copy information from block on Part 1

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210

For Office Use Only:		
Aquifer:		
Well #:		
Elevation:		

(601)961-5228 (fax) This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information Well Location Longitude: 90° 57 Owner Name: DAHOMEY Method of Lat/Long (check one): Conventional Survey_ . Hand-held GPS Survey-grade GPS Distance Direction 4.5 Miles ENST of Nearest Town Telephone No. (_ Pump Type Power Type Circle one Circle one Diesel Engine Gasoline Engine Natural Gas Submersible Air Lift Jet Hand Tractor PTO Electric Motor Bucket Piston Turbine Windmill Other (specify): Centrifugal Rotary Flowing Well Horse Power Rating of Motor: Other (specify): Date Pump Installed: 5.27.2011 Setting Depth: 2400 Gallons Per Minute Rated Pump Capacity: Number of Stages: Method of Measuring Water Level **Pump Test Data** 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): Thet Below Land Surface Drawdown [(B) - (A)]: ______Feet Below Land Surface For flowing well, measured shut in head: feet Well yielded GPM with a drawdown of Test Pumping Rate: ______Gallons Per Minute feet after _____hours of pumping Duration of Pump Test (minimum 4 hours): Repair of Existing Pump

This is for (circle one):



Replacement of Existing Pump

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

ROWE

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

Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)





Internet Mapping Framework

Legend

County Boundaries
Township
Public Land Survey

Public Land Survey System MS One Call Natchez Trace Parkway

MS One Call Interstate Highway
MS One Call US / State Highway
MS One Call 3 digit State
Highway
MS One Call County Roads and

MS One Call County Roads and Streets

29 N 7 W GW-43833

DITCHBANKIRD

Incorporated Cities
Other Urban (non-incorporated)
NHD Other Areas (dbl streams and inun)

adams07_m.sid

alcom07_m.sid
amite07_m.sid
attala07_m.sid
benton07
bolivar07_m.sid
calhoun07_m.sid
carroll07_m.sid
chickasaw07_m.sid
choctaw07_m.sid
claiborne07_m.sid
clarke07_m.sid

LEGGETT RD



Map center: 387448, 1432011

Scale: 1:20,247

