

Dahomey 1
west well
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)

County: BOLIVAR
 Permit #: OW 43396
 Driller: J. NEWCOME 0-773
 Date drilling completed: 6-12-09

For Office Use Only:

Aquifer: _____
 Well #: N 139
 L. S. Elevation: 161
 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.

Well Owner Information	Well Location
Owner Name: <u>Dahomey Plantation</u>	Latitude: <u>33° 38' 37"</u> Longitude: <u>90° 50' 22"</u>
Mailing Address: <u>C/O Jimmy Wmemiller</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>114 Hickory Creek Circle</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
<u>Little Rock AR 72212</u>	<u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>33</u> Twn <u>21N</u> Rng <u>8W</u>
City State Zip Code	<u>SW</u> SW Direction <u>7</u> Nearest Town <u>7W</u>
Telephone No. () _____	<u>1</u> Miles <u>NE</u> of <u>BENLOIT</u>

Well Data

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

Date well drilling started: 6-12-09 Date well drilling completed: 6-12-09

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: 133 Well depth: 130 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 75-95 feet to 110-130 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.

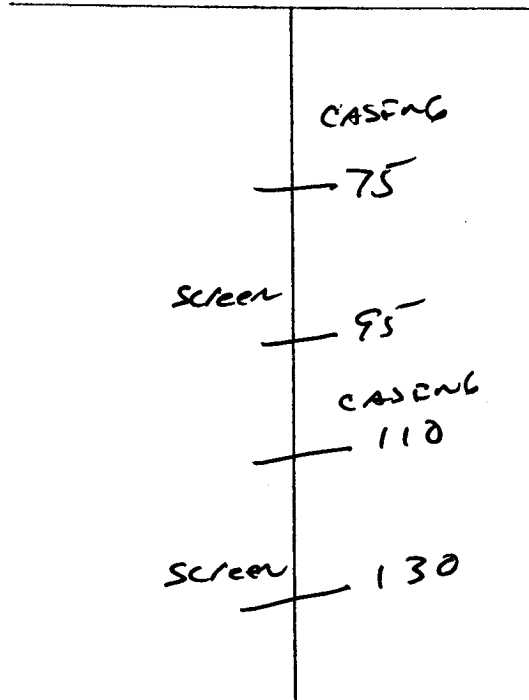
JOHN NEWCOME 0-773 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 BY: OLWR

~~N 139~~
 ϕ 161

If well telescopes please sketch below and show depths.

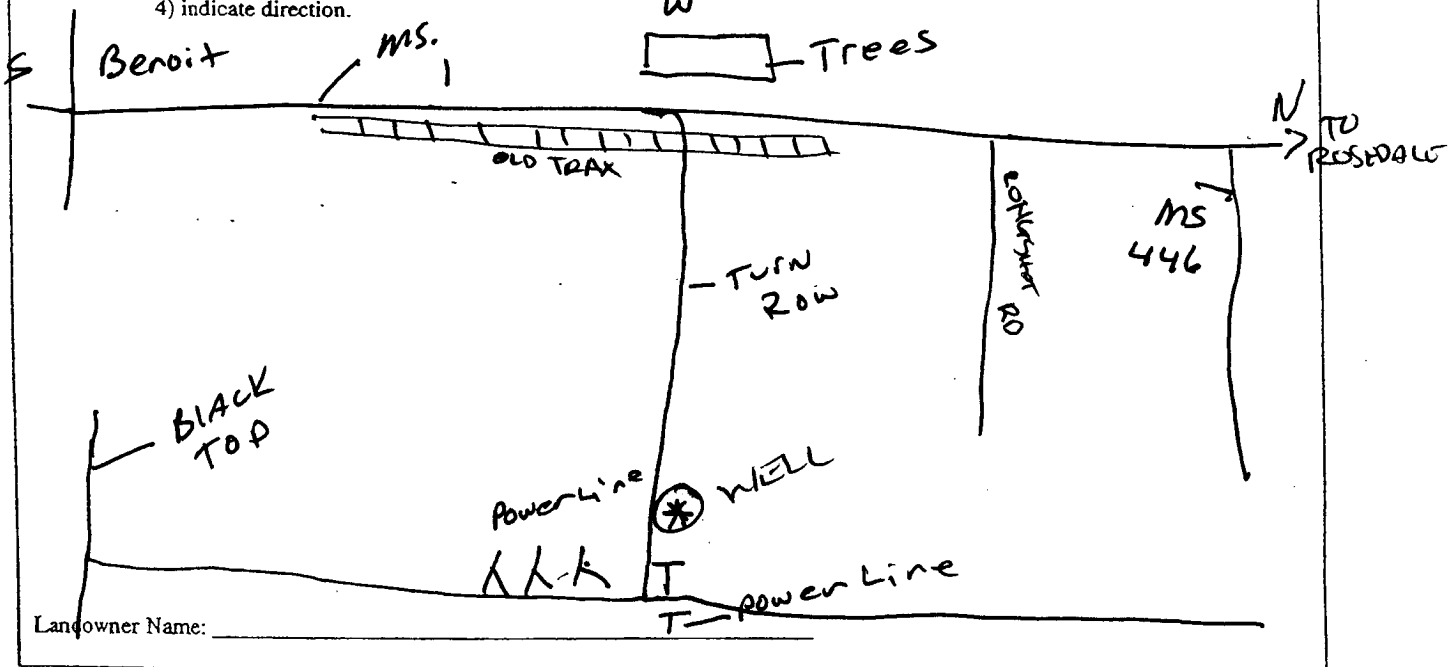
Ground Level



Description of Formations Encountered	From	To
TOP Soil	0	10
MIX CLAY	10	38
Fine sand	38	75
COARSE Sand	75	95
Fine sand	95	110
COARSE Sand	110	130
Gray CLAY	130	133

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.



[Signature]
 Signature of Water Well Contractor

E
 The loc. on this map is in S33T21NR8W which does not match 43396

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: φ 161
Well #: N 139
Elevation: _____

County: Bolivar
Permit #: 6W 43396
Driller: J. Newcomer
Date completed: 6/13/09

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° 38' 31"</u> Longitude: <u>90° 50' 22"</u>
Mailing Address: <u>C/O Jimmy Wiremiller</u>	<u>33° 40' 12" 30</u> <u>90° 58' 53"</u> OK
<u>114 Hickory Creek Circle</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Little Rock AR 72212</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>33</u> Twn <u>21N</u> Rng <u>8W</u>
Telephone No. () _____	Distance <u>SW NW</u> Direction <u>7</u> Nearest Town <u>7W</u>
	<u>1</u> Miles <u>NE</u> of <u>Benott</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>600</u>
Date Pump Installed: <u>6/15/09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2000</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
<u>NOT</u> Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
<u>Tested</u> 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.

Comp Rowe 0-711P
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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