

Dahomey #2  
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: 0747  
Well #: 0162  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: BOLIVAR  
Permit #: 61043838  
Driller: J. NEWCOME 0-773  
Date drilling completed: 6-14-10

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° 39' 53"</u> Longitude: <u>90° 57' 02"</u>   |
| Mailing Address: <u>3 Jimmy Winemiller</u><br><u>114 Hickory Creek Circle</u><br><u>Little Rock, AR 72212</u><br>City State Zip Code | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad <u>Hand-held GPS</u> , Survey-grade GPS                             |
| Telephone No. ( ) _____  | USGS quad <u>SW 1/4 Sec 17</u> Twn <u>21N</u> Rng <u>7W</u><br>NW<br>Distance <u>2.5</u> Miles <u>North East</u> of <u>Benoit, ms.</u> |

**Well Data**

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

Date well drilling started: 6-14-10 Date well drilling completed: 6-14-10

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: 128 Well depth: 125 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 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 70-90 feet to 105-125 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.

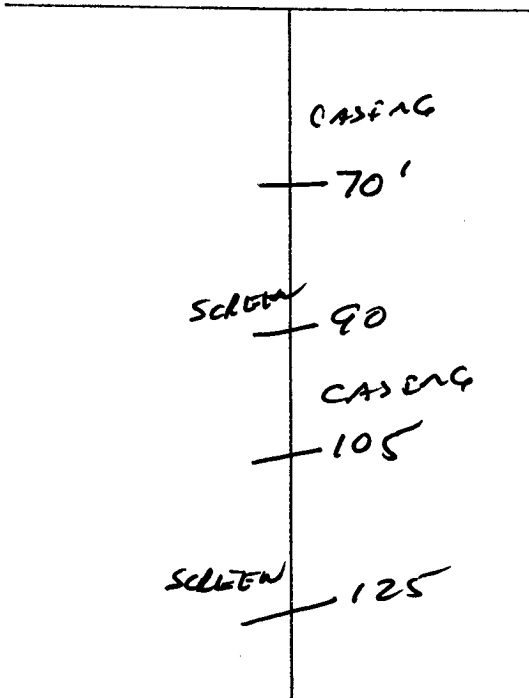
JOHN NEWCOME 0-773  
Print Name of Water Well Contractor and License No.

John Newcome  
Signature of Water Well Contractor

Ø162

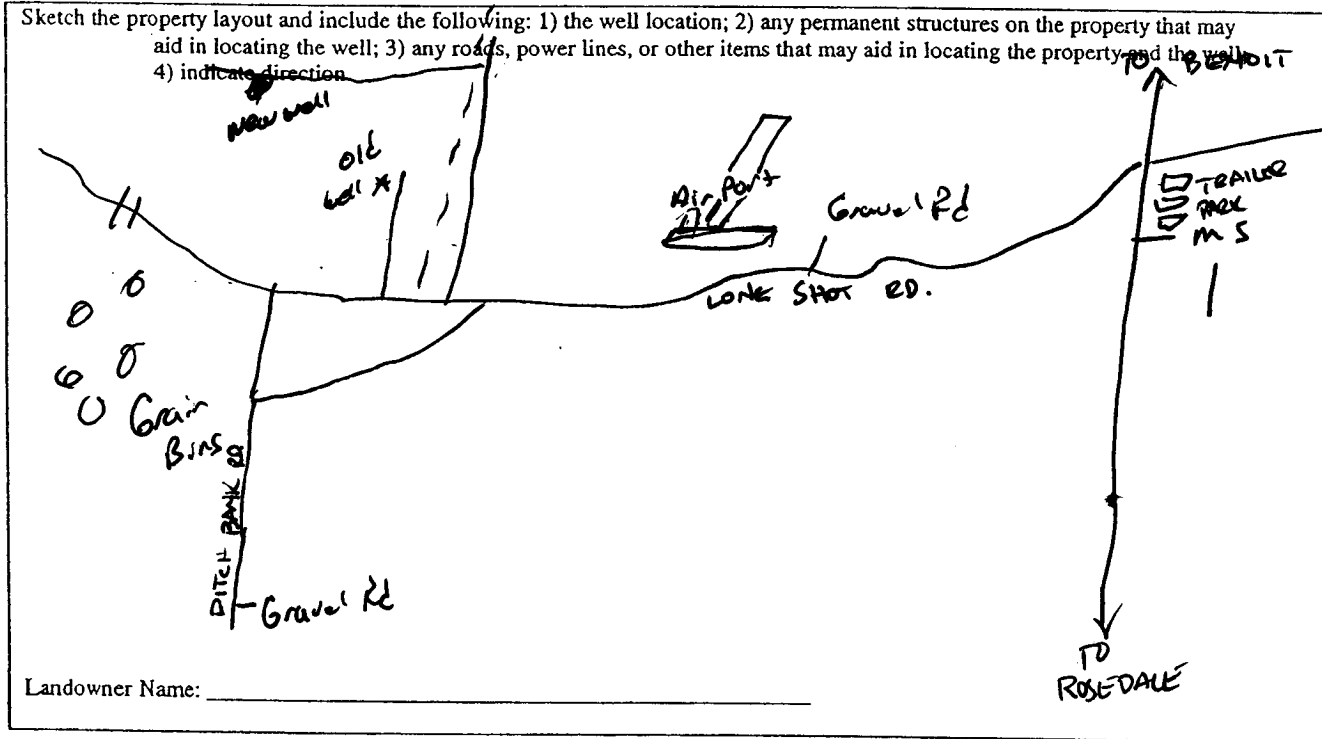
If well telescopes please sketch below and show depths.

Ground Level



| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| TOP Soil                              | 0    | 10  |
| Mix CLAY                              | 10   | 30  |
| Blue CLAY                             | 30   | 70  |
| COARSE Sand                           | 70   | 90  |
| Fine Sand                             | 90   | 105 |
| COARSE Sand-gravel                    | 105  | 128 |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |

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



John New...  
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 #: Ø162  
Elevation: \_\_\_\_\_

County: Bolivar  
Permit #: \_\_\_\_\_  
Driller: S. Newkome 0-773  
Date completed: 6-14-10

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 39 53</u> Longitude: <u>90 57 02</u>  |
| Mailing Address: <u>1/2 Jimmy Winemiller</u><br><u>114 Hickory Creek Circle</u><br><u>Little Rock, AR 72212</u> | Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____  | USGS quad: <u>SW 1/4 SW 1/4 Sec 17 Twn 21N Rng 7W</u>   |
| Telephone No. ( ) _____   | Distance: <u>25</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Benoit</u>                 |

| Pump Type<br>Circle one  | Power Type<br>Circle one                         |
|--|--|
| Air Lift: Jet <input type="checkbox"/> Submersible <input type="checkbox"/>        | <u>Diesel Engine</u> Gasoline Engine Natural Gas |
| Bucket: Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>    | Electric Motor Hand Tractor PTO                  |
| Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill Other (specify): _____                  |
| Other (specify): _____   | Horse Power Rating of Motor: <u>600</u>          |
| Date Pump Installed: <u>6/14/10</u>  | Setting Depth: <u>70</u> feet                    |
| Rated Pump Capacity: <u>2800</u> Gallons Per Minute                                | Number of Stages: <u>1</u>                       |

| Pump Test Data   | Method of Measuring Water Level<br>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.

Corey Rowe 0-711P \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
NOV 08 2010  
BY: OLWR