

GRAYSON LAWRENCE

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: N 144
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: BOLIVAR
Permit #: GW-43885
Driller: J. NEWCOME 0-773
Date drilling completed: 3-23-11

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>Delta Pine Landco LP</u>	Latitude: <u>33.37.17</u> Longitude: <u>091.06.04</u>
Mailing Address: <u>PO Box 5069</u>	Method of Lat/Long (circle one): <u>39</u> Conventional Survey,
<u>Greenville MS 38704</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4</u> SW <u>1/4</u> Sec <u>28</u> Twn <u>21N</u> Rng <u>9W</u>
Telephone No. ()	Distance <u>16</u> Direction <u>NW</u> Nearest Town <u>SCOTT</u>
	<u>2.3</u> Miles of <u>SCOTT</u>

Well Data

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

Date well drilling started: 3-23-11 Date well drilling completed: 3-23-11

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: 112 Well depth: 110 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: P.V.C.

Screen length: 30 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 80 feet to 110 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]
Signature of Water Well Contractor

RECEIVED

MAR 31 2011

BY OLWE

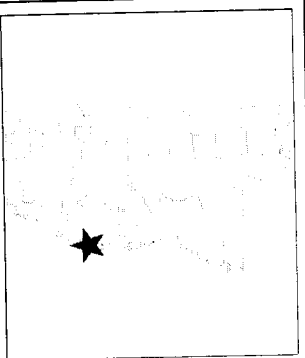
N144

Internet Mapping Framework



This map is a user generated static output from an internet mapping site and is for general reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable. THIS MAP IS NOT TO BE USED FOR NAVIGATION.

5671
2 10 5671 3 4071

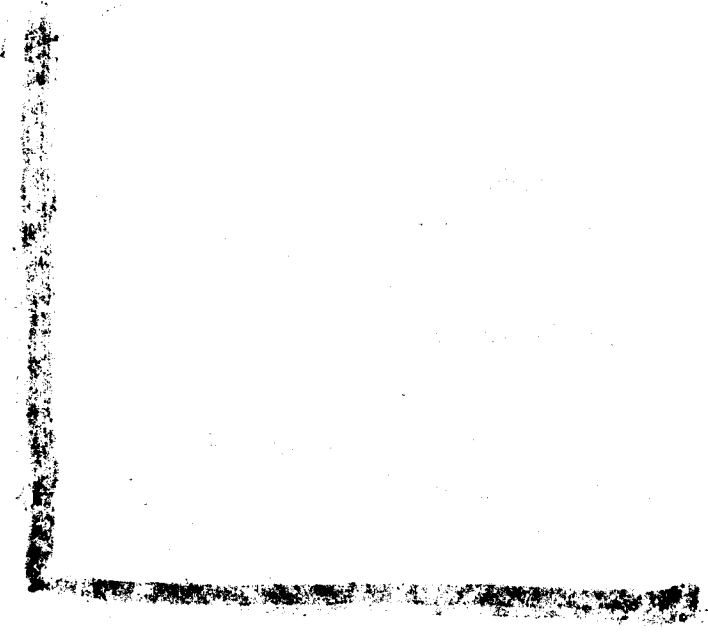


Legend

- County Boundaries
- Township
- Public Land Survey System
- MS One Call Natchez Trace Parkway
- MS One Call Interstate Highway
- MS One Call US 7 State Highway
- MS One Call 3 digit State Highway
- MS One Call County Roads and Streets
- Incorporated Cities
- Other Urban (non-incorporated)
- NHD Other Areas (dbi streams and inun)

adams07_m.sid
alcorn07_m.sid
amite07_m.sid
attala07_m.sid
benton07
bolivar07_m.sid
calhoun07_m.sid
carroll07_m.sid
chickasaw07_m.sid
choctaw07_m.sid
clalborne07_m.sid
clarke07_m.sid

Scale: 1:14,430



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
(601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: N144
Elevation: _____

County: Bolivar
Permit #: GW-43885
Driller: J. Newcome 0-773
Date completed: 3/23/11

Copy information from block on Part 1

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
Owner Name: <u>Delta Pine Land Co. LP</u>	Latitude: <u>33° 37' 17"</u> Longitude: <u>091° 06' 04"</u>
Mailing Address: <u>PO Box 5669</u>	Method of Lat/Long (check one): Conventional Survey _____ Hand-held GPS <u>39</u> Survey-grade GPS <u>47</u>
<u>Greenville, MS 38704</u>	USGS quad <u>Hand-held GPS</u> Survey-grade GPS _____
City State Zip Code	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>25</u> T <u>21N</u> R <u>9W</u>
Telephone No. () _____	Distance <u>1R</u> Direction <u>16</u> Nearest Town <u>Scott</u>
	<u>2.5</u> Miles <u>NW</u> of _____

Pump Type	Power Type
Air Lift	Diesel Engine
Circle one	Gasoline Engine
Jet	Natural Gas
<u>Submersible</u>	Electric Motor <u>Electric Motor</u>
Bucket	Hand
Piston	Tractor PTO
Centrifugal	Windmill
Rotary	Other (specify): _____
Flowing Well	
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>3/24/11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1600</u> Gallons Per Minute	Number of Stages: <u>1</u>

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

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

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

BY: OIWR