

CAYLOR - REDDILL
PENNACOR DIV. ES.

State Well Report Part 1 - Driller's Log

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)

County: IZOLIVAR
 Permit #: GW-47407
 Driller: J. NEWCOMB 0-773
 Date drilling completed: 5.10.2013

For Office Use Only:
 Aquifer: N 159
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>DELTA PINE LAND MANAGEMENT, LLC</u>	Latitude: <u>33° 37' 24"</u> Longitude: <u>91° 06' 28"</u>
Mailing Address: <u>P.O. Box 5669</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS
<u>GREENVILLE</u> MS <u>38702</u>	<u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>17</u> Twn <u>21N</u> Rng <u>09W</u>
City State Zip Code	<u>SW</u> <u>NW</u> <u>25</u> Distance Direction Nearest Town <u>3</u> Miles <u>N.W.</u> of <u>SCOTT</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 5.10.13 Date drilling completed: 5.10.13 Hole depth: 107 Hole diameter: 24"

Location of the source of any surface water used for drilling: DITCH

Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

If a flowing well, 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: _____

Well depth: 105 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 16 inches Type of casing: P.J.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.J.C.

Screen slot size: _____ inches Setting depth: From 55.65 feet to 75.105 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 next page*

Form: OLWR-SWR-1A (04/08)

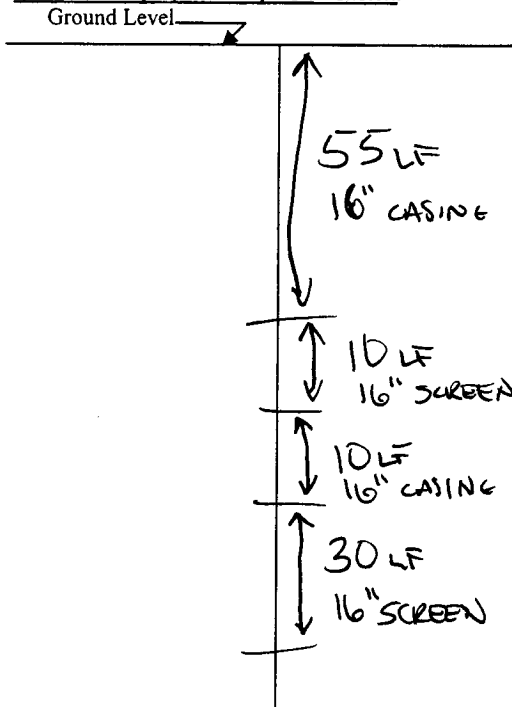
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BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
TO SOIL	Ground Level	10
CLAY	10	20
FINE	20	50
FINE / FINE	50	55
MEDIUM / FINE SAND	55	65
FINE SAND	65	73
MED FINE	73	80
MEDIUM / COARSE SILTS	80	104
BOTTOM	104	107

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) a north arrow.

SEE MAP

Landowner Name: _____

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

JOHN NEWCOME 0.773

5.10.2013

[Handwritten Signature]

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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 39225-2309
 (601) 961-5210
 (601) 360-0535 (fax)

County: Bolivar
 Permit #: LW-47407
 Driller: J. Newcome 0-773
 Date completed: 5/10/2013
Copy information from block on Part 1

For Office Use Only:

Well #: N159
 Aquifer: _____

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 MGT LLC</u>	Latitude: <u>33.37.24</u> Longitude: <u>91.06.28</u>
Mailing Address: <u>P.O. Box 5669</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Greenville</u> MS <u>38702</u>	<u>NE 1/4 NE 1/4</u> , Sec <u>17</u> T <u>21N</u> R <u>09W</u>
City State Zip Code	<u>3</u> Miles <u>N.W.</u> of <u>Scott</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 5/13/13 Rated Pump Capacity: 1500 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 60 hp Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: Not tested Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: Not tested feet.

Well yielded _____ GPM with a drawdown of _____ feet at _____ hours of pumping

Meter Installation

Meter Manufacturer: Geyser Meter Serial Number: 082003

Meter Model Number/Name: _____ Type of Meter: Propeller **RECEIVED**

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: 5/31/13 Meter installed by: Chicot Irrigation JUN 13 2013

Is This Meter (circle one): New Repaired Replacement **BY: OLWR**

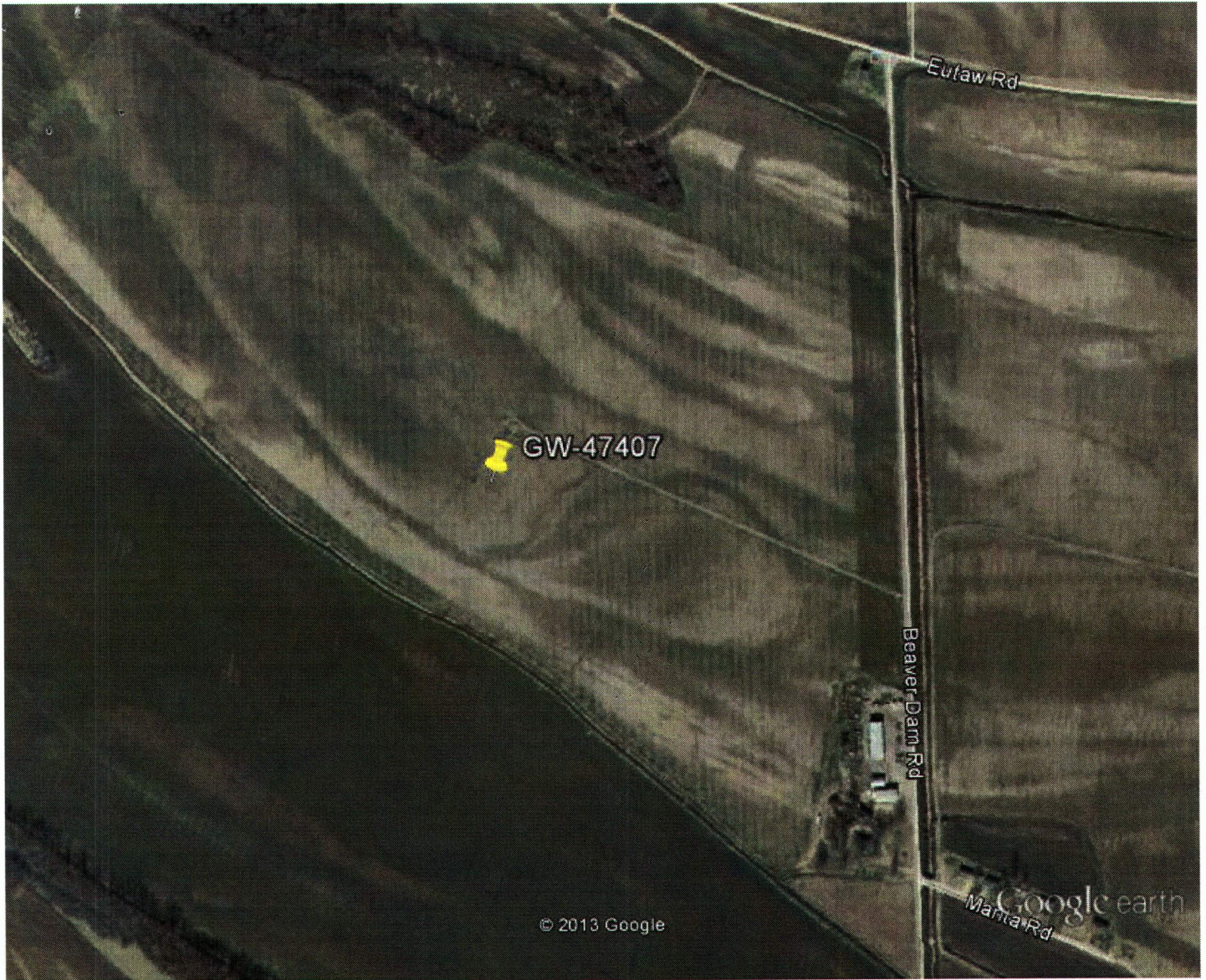
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

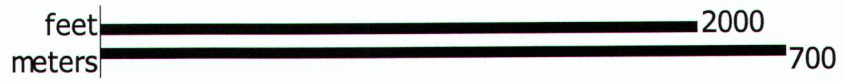
Hubbard Stephens 741-P 5/24/13 [Signature]

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

N159



Google earth



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BY: OLWR



Dean A. Pennington, PhD
Executive Director
P. O. Box 129
Stoneville, MS 38776
Tel.: (662) 686-7712
Fax: (662) 686-9078
www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

N 159

May 8, 2013

**DELTA PINE LAND MANAGEMENT, LLC
P. O. BOX 5669
GREENVILLE, MS 38702**

RE: Well Construction/Authorization to drill

Permit No: GW-47407 (REPLACEMENT FOR GW-09065) | Proposed Flowmeter

DEAR DELTA PINE LAND MANAGEMENT, LLC:

This authorization letter is for the construction of a new well that is to be drilled in the Mississippi River Valley Alluvial Aquifer. Your application has been received and is currently being processed.

**Location: NE1/4 of the NE1/4 Section 17 Township 21N Range 09W County BOLIVAR
Latitude: 33 37 24 Longitude: 91 06 32**

A copy of this notice or a water use permit **must be attached** to the State Well Report submitted by your driller. This report is a requirement of the State Well Drillers Regulation. A copy of this report **must be mail or faxed** to YMD Joint Water Management District.

All applications must meet the **Mississippi Department of Environmental Quality** rules and regulations. If no adverse comments are received the application will be presented to the Mississippi Department of Environmental Quality State Permit Board for approval.

If you have any questions please call YMD at 662-686-7712

Sincerely,

Dillard Melton Jr.
Permitting Director

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