

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

For Office Use Only:

Well #: N 170
Aquifer: _____
E-Log #: _____

County: BOLIVAR
Permit #: GLW-47465
Driller: J. NEWOME 0-973
Date drilling completed: 7-15-13

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Delta Pine Land Management</u>	Latitude: <u>33°38'50"</u> Longitude: <u>091°05'18"</u>
Mailing Address: <u>P.O. Box 5669</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Greenade</u> MS <u>38704</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>IR 1/4 IR 1/4, Sec 18 T 27N R 09W</u>
Telephone No. (____) _____	<u>4</u> Miles <u>N.</u> of <u>SCOTT</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>7.15.13</u> Date drilling completed: <u>7.15.13</u> Hole depth: <u>107</u> Hole diameter: <u>24"</u>
Location of the source of any surface water used for drilling: <u>DITCH</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>CHLORINE TABLETS</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: _____ feet [above or below] land surface Date measured: _____ (circle one)
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>105</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>65</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>P.V.C.</u>
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>P.V.C.</u>
Screen slot size: <u>.050</u> inches Setting depth: From <u>65</u> feet to <u>105</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

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 #: 6W-47465
Driller: S. Newcome 0-773
Date completed: 7-15-13
Copy information from block on Part 1

For Office Use Only:
Well #: N170
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 Management</u>	Latitude: <u>33 38 50</u>	Longitude: <u>91 05 18</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
Mailing Address: <u>P.O. Box 5669</u>	USGS quad _____, <u>IR 1/4 IR 1/4, Sec 18 T 27N R 09W</u>		_____	
<u>Greenville</u> MS <u>38704</u>	City	State	Zip Code	<u>4</u> Miles <u>N</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: 7-17-13 Rated Pump Capacity: 2200 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

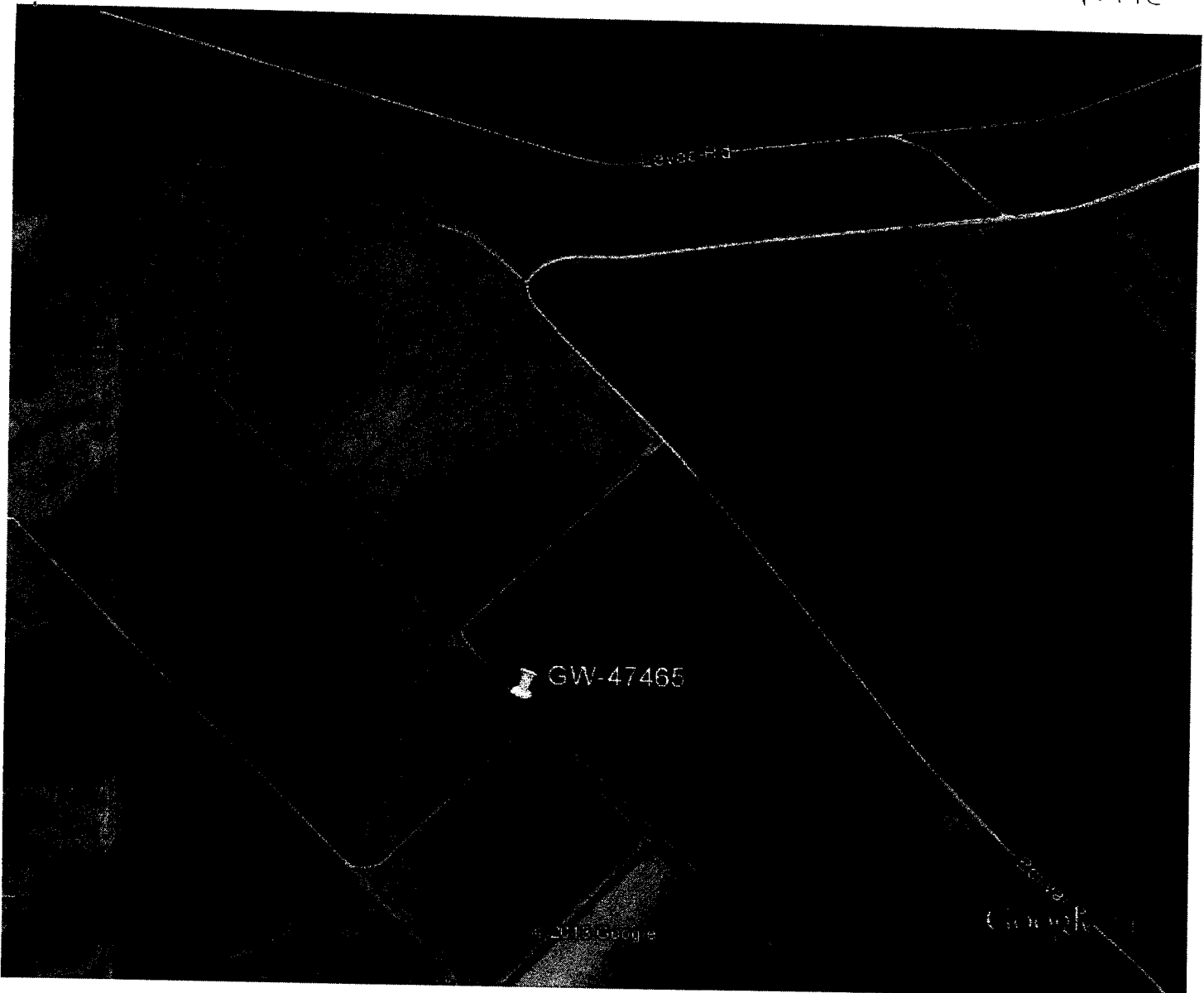
Pump Test Data for Non Flowing Well
Date Well Tested: Not tested Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ 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: _____ feet
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
Meter Manufacturer: _____ Meter Serial Number: _____
Meter Model Number/Name: No Meter Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: _____
Is This Meter (circle one): New Repaired Replacement
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 7/20/13 Hubbard Stephens
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

N 170



GW-47465

Google earth

feet
meters

