

COYLOW. COADY # 3

### 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: R225

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

County: BOLIVAR  
Permit #: GW-46853 ✓  
Driller: J. NEWCOME 0.773  
Date drilling completed: 1.22.13

*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.*

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>DELTA PINE LAND CO LP</u>	Latitude: <u>33° 35' 39"</u> Longitude: <u>91° 02' 28"</u>
Mailing Address: <u>P.O. Box 5669</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS ✓
<u>GREENVILLE</u> <u>MS</u> <u>38704</u>	USGS quad, <u>NW 1/4 SW 1/4 Sec 09</u> Twn <u>20N</u> Rng <u>08W</u>
City State Zip Code	Distance <u>3</u> Miles Direction <u>NE</u> of Nearest Town <u>SCOTT</u>
Telephone No. ( ) _____	

**Well / Borehole Data**

Date drilling started: 1.22 Date drilling completed: 1.22 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) Replaces 43868

*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.V.C.

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

Screen slot size: .050 inches Setting depth: From 65 feet to 40 <sup>105</sup> 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*

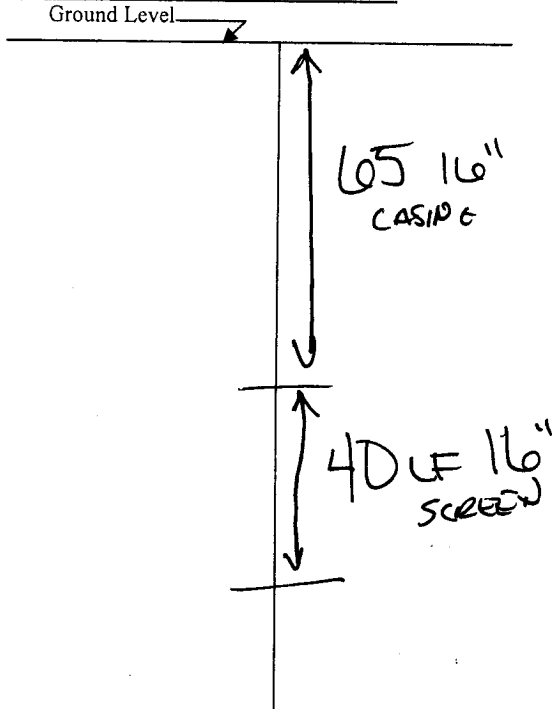
Form: OLWR 04/06 **RECEIVED**

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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)
TOP SOIL/SAND	Ground Level	10
FINE MED. SAND	10	50
MED. SAND	50	<del>100</del> 80
COARSE SAND/PEBBLES	80	103
BOTTOM	103	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: \_\_\_\_\_

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 0773

1.22.13

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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Bolivar  
 Permit #: GW-468503  
 Driller: J. Newcome  
 Date completed: 1-22-13

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: R225  
 Elevation: \_\_\_\_\_

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>Delta Pine Land CO. LP</u>	Latitude: <u>35° 35' 39"</u> Longitude: <u>91° 02' 28"</u>
Mailing Address: <u>P.O. Box 5669</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Greenville MS 38704</u> City State Zip Co	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. ( ) _____	<u>NW 1/4 SW 1/4 Sec 09 Twn 20N Rng 08W</u>
	Distance Direction Nearest Town <u>3 Miles NE of Scott</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<u>Diesel Engine</u> Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60<sup>hp</sup></u>
Date Pump Installed: <u>2-27-13</u>	Setting Depth: <u>70'</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number Stages: <u>2</u>

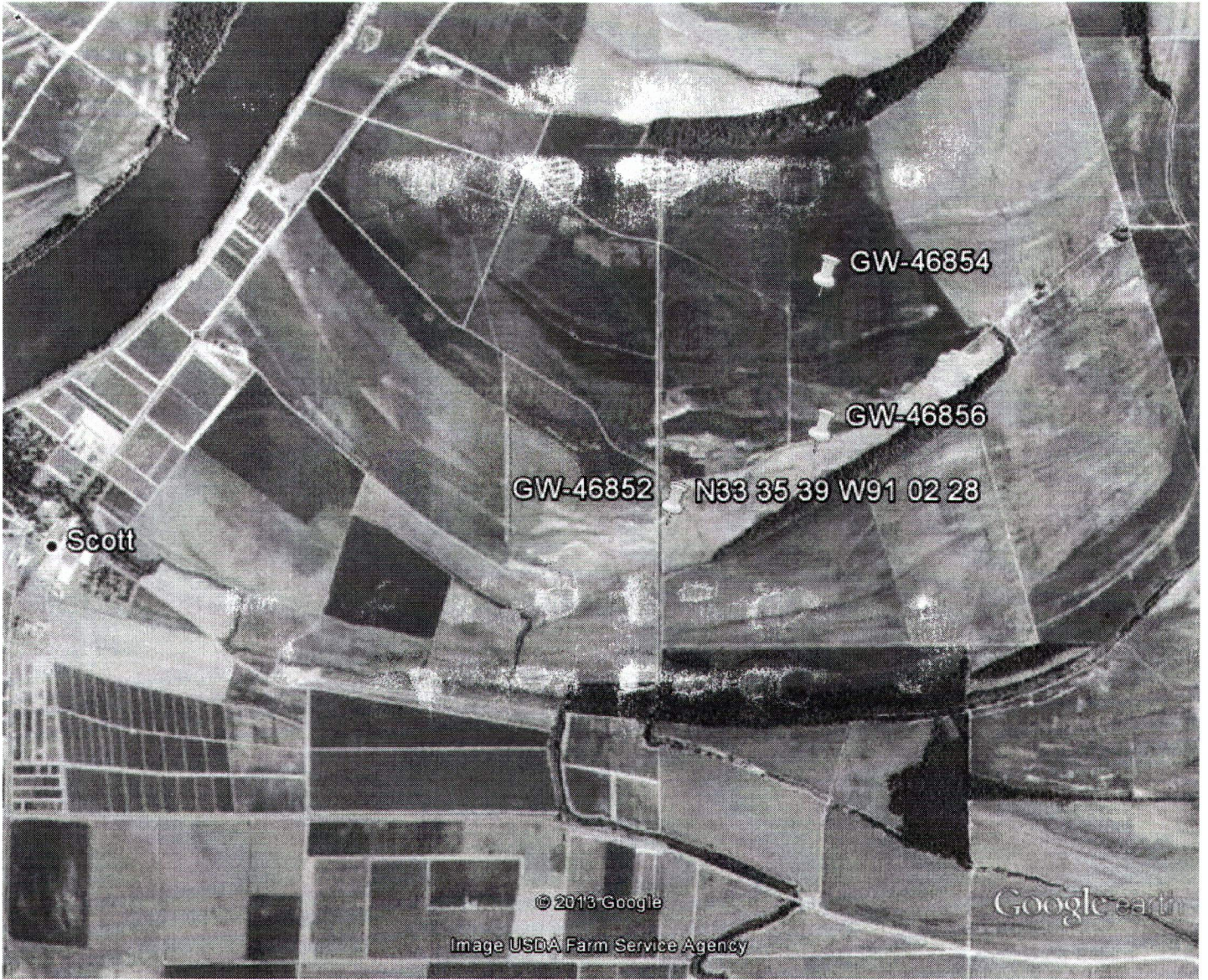
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): <u>Not Tested</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>Not Tested</u> 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.

Hubbard Stephens 741-P  
 Print Name of Pump Installer and License No. (if applicable)

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Hubbard Stephens  
 Signature of Pump Installer      MAR 14 2013

**BY: OLWR**



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