

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 #: R224
L. S. Elevation: _____
E-log #: _____

County: BOLIVAR
Permit #: GW-46856 ✓
Driller: J. NEWCOME 0-773
Date drilling completed: 1-23-2013

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.

<p align="center">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>DELTA PINE LAND CO LP</u></p> <p>Mailing Address: <u>P.O. Box 5669</u></p> <p><u>GREENVILLE</u> <u>MS</u> <u>38704</u> City State Zip Code</p> <p>Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>33° 35' 51"</u> Longitude: <u>91° 01' 58"</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS ✓</p> <p><u>SE</u> ¼ <u>NE</u> ¼ Sec <u>09</u> ✓ Twn <u>20N</u> ✓ Rng <u>08W</u> ✓ NW</p> <p>Distance <u>4.5</u> Miles Direction <u>NE</u> of Nearest Town <u>SCOTT</u></p>
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Well / Borehole Data

Date drilling started: 1-23-13 Date drilling completed: 1-23-13 Hole depth: 107 Hole diameter: 24"

Location of the source of any surface water used for drilling: CANAL
Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLET

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 43867

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 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*

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BY: OLWR

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-46856
 Driller: S. Newcome 0-773
 Date completed: 1-23-2013

For Office Use Only:

Aquifer: _____
 Well #: R226
 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>33° 35' 51</u> Longitude: <u>91° 01' 58</u>
Mailing Address: <u>P.O. Box 5669</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Survey-grade GPS
<u>Greenville MS 38704</u> City State Zip Code	USGS quad, <u>SE 1/4 NE 1/4 Sec 09 Twn 20N Rng 08W</u> NW
Telephone No. () _____	Distance Direction Nearest Town <u>4.5 Miles NE of Scott</u>

Pump Type Circle one	Power Type 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 PTC
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60HP</u>
Date Pump installed: <u>2-27-2013</u>	Setting Depth: <u>70'</u> feet
Rated Pump Capacity: <u>2400</u> Gallons Per Minute	Number of Stages: <u>1</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): <u>Not Tested</u> 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.

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

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