

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 #: R 229
 L. S. Elevation: _____
 E-log #: _____

County: BOLIVAR
 Permit #: GW-46855-
 Driller: J. NEWOME 0.773
 Date drilling completed: 1.29.13

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° 36' 16"</u> Longitude: <u>91° 02' 28"</u> |
| Mailing Address: <u>P.O. Box 5669</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/> |
| <u>GREENVILLE</u> <u>MS</u> <u>38704</u> | <u>NW</u> ¼ <u>NW</u> ¼ Sec <u>09</u> Twn <u>20N</u> Rng <u>08W</u> <u>SW</u> <u>SW</u> <u>04</u> |
| City State Zip Code | Distance Direction Nearest Town <u>3.5</u> Miles <u>N.E.</u> of <u>SCOTT</u> |
| Telephone No. () _____ | |

Well / Borehole Data

Date drilling started: 1.29.13 Date drilling completed: 1.29.13 Hole depth: 97 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 10265

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: 95 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: 30 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 65 feet to 95 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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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) 554-6338 (fax)

County: Bolivar
 Permit #: GW-46855
 Driller: J. Newcome
 Date completed: 1-29-13

For Office Use Only:

Aquifer: _____
 Well #: R 229
 Elevation: _____

This report should be prepared by the pump installer 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>33.36.16</u> Longitude: <u>91.02.28</u> |
| Mailing Address: <u>P.O. Box 5669</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey. |
| <u>Greenville</u> <u>MS</u> <u>38704</u> City State Zip Code | USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS |
| Telephone No. () _____ | <u>NW 1/4 NW 1/4 Sec 09 Twn 20N Rng 08W</u> <u>SW SW 04</u> Distance Direction Nearest Town <u>3.5 Miles N.E of Scott</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| <input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> <u>Electric</u> <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ | <input checked="" type="checkbox"/> <u>Electric</u> <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60HP</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u> |
| Date Pump Installed: <u>2-28-2013</u> | |
| Rated Pump Capacity: <u>2500</u> Gallons Per Minute | |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: _____ | <input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____ |
| Static Water Level (A): _____ Feet Below Land Surface | <u>Not tested</u> |
| Pumping Water Level (B): _____ Feet Below Land Surface | |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | |
| Test Pumping Rate: _____ Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hours | For flow well, measured shut in head: _____ feet Well yield _____ GPM with a drawdown of _____ feet after _____ hours of pumping |

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

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

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