

**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 #: R230  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: BOLIVAR  
Permit #: GW-46746  
Driller: J. NEWCOME 0-773  
Date drilling completed: 3-21-13

*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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>DELTA PINE LAND COMPANY LP</u>	Latitude: <u>33° 35' 41"</u> Longitude: <u>91° 01' 11"</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> MS <u>38704</u>	USGS quad, <u>SW 1/4 SW 1/4 Sec 10</u> Twn <u>20N</u> Rng <u>08W</u>
City State Zip Code	Distance <u>4</u> Miles <u>N.EAST</u> Direction of <u>SCOTT</u> Nearest Town
Telephone No. ( ) _____	

**Well / Borehole Data**

Date drilling started: 3-21-13 Date drilling completed: 3-21-13 Hole depth: 112 Hole diameter: 24"

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

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 GW10219

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

Casing length: 70 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 70 feet to 110 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-**RECEIVED**

APR 18 2013

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-46746  
 Driller: J. Newcome 0773  
 Date completed: 3-21-2013

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: R230  
 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 35.44</u> Longitude: <u>91.01.11</u>
Mailing Address: <u>P.O. Box 5669</u>	Lat/Long (circle one): Conventional Survey.
<u>Greenville MS 38704</u> City State Zip Code	USGS quad, <u>Hand-held GPS</u> . Survey-grade GPS
Telephone No. ( ) _____	<u>Sw 1/4 SW 1/4 Sec 10 Twn 20N Rng 08W</u>
	Distance Direction Nearest Town <u>4 Miles N.E. 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>3-26-2013</u>	<u>70</u> feet
Rated Pump Capacity: <u>3000</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): _____ 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 Hubbard Stephens RECEIVED  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer APR 18 2013

BY: OLWR

R230



Google earth



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