

# State Well Report

## Part 1

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)

For Office Use Only:

Aquifer: R 232  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Bolivar  
Permit #: GW-47179  
Driller: J. NEWCOME 0-773  
Date drilling completed: 5-10-13

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>DELTA PINE LAND MANAGEMENT, LLC</u>	Latitude: <u>33.36.45</u> Longitude: <u>091.03.44</u>
Mailing Address: <u>P.O. Box 5669</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>GREENVILLE</u> MS <u>38702</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4</u> Sec <u>06</u> Twn <u>20N</u> Rng <u>08W</u>
Telephone No. ( ) _____	Distance <u>1.2</u> Miles Direction <u>North</u> of Nearest Town <u>Scott MS.</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 5-10-13 Date well drilling completed: 5-10-13

If flowing, 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: \_\_\_\_\_

Hole depth: 102 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 60 feet to 100 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JOHN NEWCOME 0-773  
Print Name of Water Well Contractor and License No.

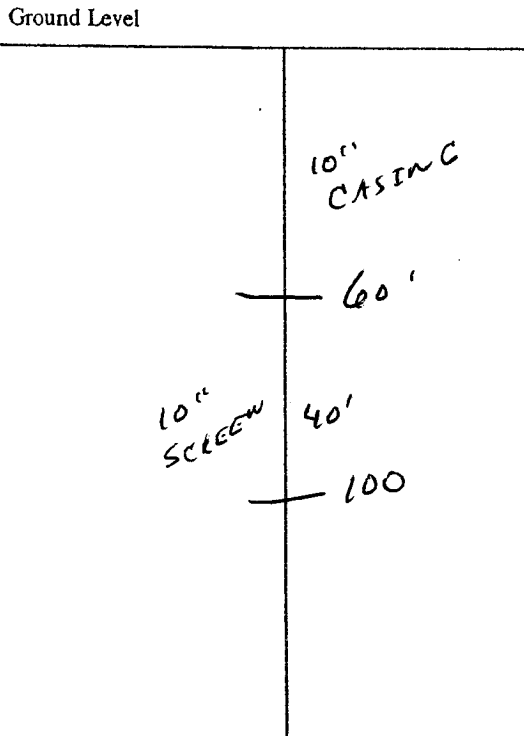
[Signature]  
Signature of Water Well Contractor

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BY: OLWR

If well telescopes please sketch below and show depths.



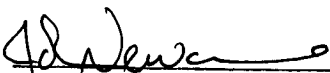
Description of Formations Encountered	From	To
Top Soil	0	10
Mix CLAY	10	60
Coarse Sand	60	100
Gray CLAY - ROCKS	100	102

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) indicate direction.

(see MAP)

Landowner Name: \_\_\_\_\_

  
 Signature of Water Well Contractor

# STATE WELL REPORT

County: Bolivar  
 Permit #: 6W-47179  
 Driller: J. Newcome 0773  
 Date completed: 5-10-13  
**Copy information from block on Part 1**

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 #: R232  
 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 MGT LLC</u>	Latitude: <u>33.3648</u> Longitude: <u>91.03.41</u>
Mailing Address: <u>P.O. Box 5669</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Greenville</u> <u>MS</u> <u>38702</u>	<u>SE 1/4 NE 1/4, Sec 06 T 20N R 08W</u>
City State Zip Code	<u>1.2</u> Miles <u>North</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: 5-13-13    Rated Pump Capacity: 1200 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: 30hp    Setting Depth: 70 feet    Number of Stages: 1

**Pump Test Data for Non-Flowing Well**

Date Well Tested: Not tested    Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): Not tested Feet Below Land Surface    Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: Not tested Feet Below Land Surface    Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute

Method of measurement (circle one): Steel tape    Electric tape    Cor line    Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: Not tested feet

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet    \_\_\_\_\_ 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

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*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 MDEC website.*

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

Hubbard Stephens    741-P    5/26/13    [Signature]  
 Print Name of Pump Installer and License No. (if applicable)    Date    Signature    Pump Installer



R232



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