

# 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)

County: BOLIVAR  
Permit #: GW-47405  
Driller: J. NEWCOMB O.T.B.  
Date drilling completed: 5.30.2013

For Office Use Only:  
Aquifer: R 238  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

**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 MANAGEMENT LLC</u>	Latitude: <u>33° 36' 04"</u> Longitude: <u>91° 02' 48"</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
<u>GREENVILLE</u> MS <u>38702</u>	<u>NW 1/4 NE 1/4</u> Sec <u>08</u> Twn <u>20N</u> Rng <u>08W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>1.7</u> Miles <u>EAST</u> of <u>SCOTT</u>

**Well / Borehole Data**

Date drilling started: 5.30.13 Date drilling completed: 5.30.13 Hole depth: 106 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) \_\_\_\_\_

**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**

Form: OLWR-SWR-1A (04/08)

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STATE WELL REPORT

Part 2

County: Bolivar  
 Permit #: GW-47405  
 Driller: S Newome 0773  
 Date completed: 5/30/13  
*Copy information from block on Part 1*

**Pump Installer's Completion Report**  
 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 #: R23E  
 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 Management</u>			Latitude: <u>33° 36' 04"</u> Longitude: <u>91° 02' 48"</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> City	<u>MS</u> State	<u>38702</u> Zip Code	<u>NW 1/4 NE 1/4, Sec 08 T 20N R 08W</u>		
Telephone No. (____) _____			<u>1.7</u> Miles <u>East</u> of <u>Scott</u> (Distance) (Direction) (Nearest Town)		

**Pump Type (circle one)**  
 Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 6/3/13 Rated Pump Capacity: 2000 Gallons Per Minute  
 Is This Pump (circle one):  New Repaired Replacement

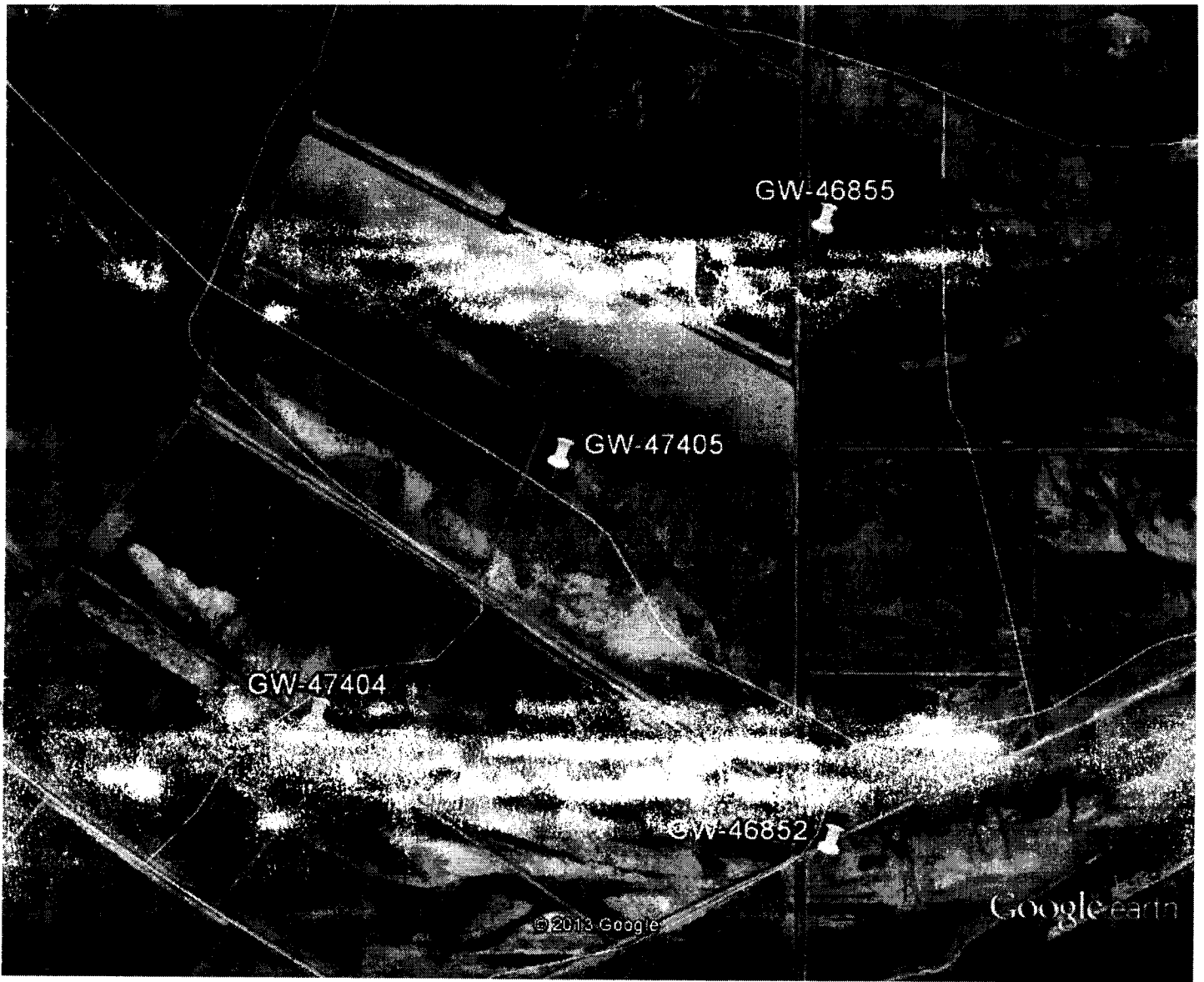
**Power Type (circle one)**  
 Electric  Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_  
 Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: Not tested Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
 Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
 Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
 Measured shut in head: \_\_\_\_\_ feet Not tested  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
 Meter Manufacturer: Mcrometer Meter Serial Number: 13-05095  
 Meter Model Number/Name: M0310 Type of Meter: SADDLE  
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): AF X .001  
 Installation Date: 6/7/13 Meter installed by: Chicot Irrigation  
 Is This Meter (circle one):  New Repaired Replacement  
*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 MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Hubbard Stephens 741-P 6/28/13 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



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