

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-47403
 Driller: J. NAWCOME D-TTB
 Date drilling completed: 5.30.13

For Office Use Only:
 Aquifer: A-154
 Well #: R242
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>DELTA PINE LAND MANAGEMENT, LLC</u>	Latitude: <u>33° 36' 37"</u> Longitude: <u>90° 02' 57"</u>
Mailing Address: <u>P.O. Box 5669</u>	Method of Lat/Long (circle one): Conventional Survey, <u>91</u>
<u>GREENVILLE</u> MS <u>38702</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 05</u> Twn <u>20N</u> Rng <u>08W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>1.9</u> Miles <u>NE</u> of <u>SCOTT</u>

Well / Borehole Data

Date drilling started: 5.30.13 Date drilling completed: 5.30.13 Hole depth: 105 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: 103 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 63 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 63 feet to 103 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*

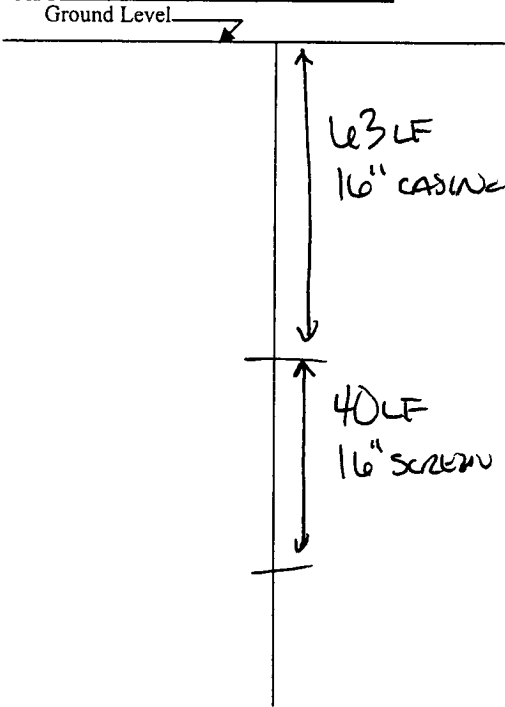
Form: OLWR-SWR-1A (04/08)

RECEIVED
JUL 10 2013
BY: OLWR

R242

The sketch below only required for water wells

If well telescopes, show depths on sketch.



If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	10
CLAY	10	15
SAND	15	55
MEDIUM SAND	55	60
MED/COARSE SAND	60	90
COARSE PEBBLES	90	103
BOTTOM	103	105

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) a north arrow.

SEE MAP

RECEIVED
JUL 10 2013
BY: OLIVE

Landowner Name: _____

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

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

JOHN NEWCOME 0.773 5.30.13
Print Name of Responsible Licensee and License No. Date

[Handwritten Signature]
Signature of Licensee

RECEIVED

STATE WELL REPORT

Part 2

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 #: R 242
Aquifer:

County: Bolivar
Permit #: GW 47403
Driller: J. Newcome 0773
Date completed: 5/30/13
Copy information from block on Part 1

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: Owner Name: Delta Pine Land Management LLC, Mailing Address: P.O. Box 5669, Greenville, MS 38702, Telephone No.
Well Location: Latitude: 33 36 37 Longitude: 90.02.57, Method of Lat/Long: Conventional Survey, USGS quad SW 1/4 NE 1/4, Sec 085 T 20N R 08W, 1.9 Miles NE of Scott

Pump Type (circle one): Turbine, Air Lift, Centrifugal, Flowing Well, Jet, Piston, Rotary, Other (describe):
Date Pump Installed: 6/3/13, Rated Pump Capacity: 2500 Gallons Per Minute
Is This Pump (circle one): New, Repaired, Replacement

Power Type (circle one): Diesel, Gasoline, Natural Gas, Tractor PTO, Windmill, Other (describe):
Horse Power Rating of Motor: 60, Setting Depth: 70 feet, Number of Stages: 1

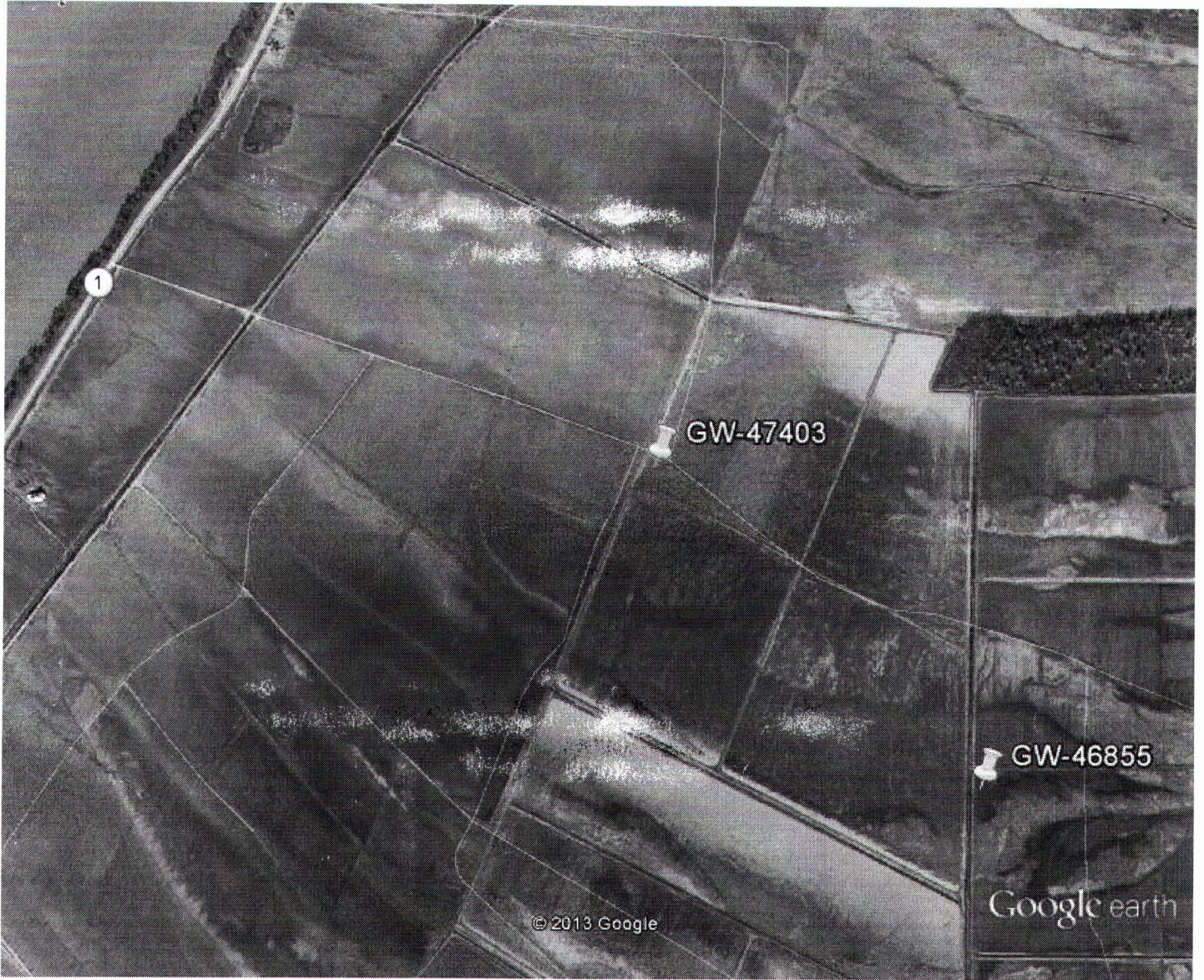
Pump Test Data for Non Flowing Well
Date Well Tested: Not tested, Duration of Pump Test (minimum 4 hours):
Static Water Level (A): Feet Below Land Surface, Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) - (A)]: Feet Below Land Surface, Test Pumping Rate: Gallons Per Minute
Method of measurement (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: McCrometer, Meter Serial Number: 13-05094
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
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

R242



Google earth

feet 4000
km 1



RECEIVED
JUL 10 2013
BY: OLWR