

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: R251
Aquifer: _____
E-Log #: _____

County: BOLIVAR
Permit #: GW-47807 ✓
Driller: J. NEWCOMB 0-773
Date drilling completed: 11-19-13

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.

Well Owner Information <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°35'55"</u> Longitude: <u>091°01'57"</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 <input checked="" type="checkbox"/>		
<u>GREENVILLE</u>	<u>MS</u>	<u>38703</u>	<u>NE SE 1/4 NE 1/4, Sec 09 T. 20N R. 08W</u>		
City	State	Zip Code	<u>3</u> Miles <u>N.E.</u> of <u>SCOTT</u>		
Telephone No. (____) _____			(Distance) (Direction) (Nearest Town)		

Well / Borehole Data

Date drilling started: 11-19-13 Date drilling completed: 11-19-13 Hole depth: 112 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 (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: _____ feet [above or below] land surface Date measured: _____
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

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 Open hole Natural Development

Other (describe): _____

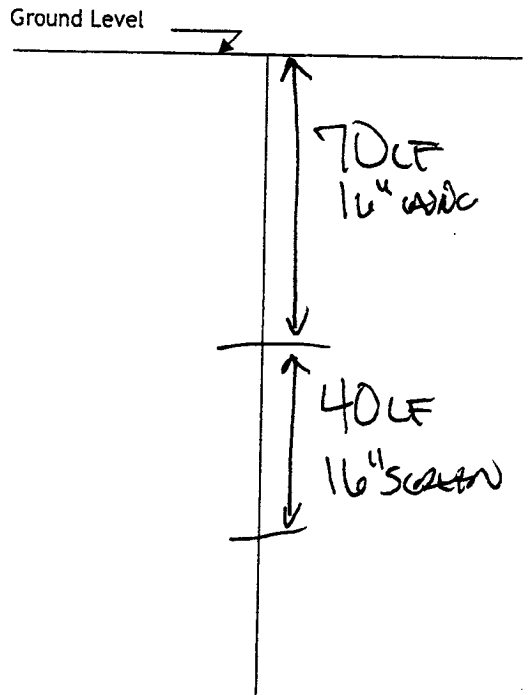
Top of lap pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page

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*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
SAND	10	45
MEDIUM SAND	45	65
MEDIUM / COARSE SAND	65	80
COARSE / PEBBLE STRIPS	80	110
BOTTOM	110	112

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) north arrow

SEE MAP

Landowner Name: _____

I HEREBY 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 0773 11.19.13 [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 #: R251
Aquifer: _____

County: Bolivar
Permit #: GW-47807
Driller: J. Newcome 0-773
Date completed: 11-19-13
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			Well Location		
Owner Name: <u>Delta Pine Land Company LP</u>			Latitude: <u>33° 35' 55"</u> Longitude: <u>91° 01' 37"</u>		
Mailing Address: <u>P.O. Box 5665</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>38703</u> Zip Code	<u>NE ^{SE} 1/4 NE 1/4, Sec 09 T 20N R 08W</u> <u>3</u> Miles <u>N.E.</u> of <u>Scott</u> (Distance) (Direction) (Nearest Town)		
Telephone No. (____) _____					

Pump Type (circle one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 11/20/13 Rated Pump Capacity: 2500 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: 60HP 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)]: _____ 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: No Meter 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
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 741P 11/21/13 Hubbard Stephens
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



Google earth

