County: BOLIVAR
Permit #: G-W - 47808 V
Driller: J. HEWCOME 0.773
Date drilling completed: 11.20.13

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 #: _	R 252		
Aquifer: _			
E-Log #: _	<u> </u>		

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	Well or Borehole Location			
(Landowner if borehole is not for a water well)	Latitude: 33°16' 27" Longitude: 091' 01' 29"			
Owner Name: DELTA PINE LAND GIMPANY LP	36 Method of Lat/Long (check one): Conventional Survey,			
Mailing Address: P.O. 5669	1 .			
	USGS quad, Hand-held GPS, Survey-grade GPS			
GREENVILLE MS 38703	SENE WE 14, Sec 04 T ZON ROBLI			
City State Zip Code	3.5 Miles N.E. of Scott			
Telephone No. ()	(Distance) (Direction) (Nearest Town)			
Weli / B	orehole Data			
Date drilling started: 11.20.13 Date drilling completed: 11.20.13 Hole depth: 12 Hole diameter: 24"				
Location of the source of any surface water used for drilli	ng: DICH			
Method of dosing and volume of Chlorine used in drilling and development: CHORINE THRUED				
Logs run (circle all applicable): No log run Electric Gamr	na Ray Density Sonic Neutron Other:			
Name of organization running log(s):				
Purpose of borehole (circle one): Water Well Geotechn	ical/Geological Investigation Ground Source Heat Pump			
Seismic Survey Other	(describe)			
If drilling is not related to water well c	onstruction, skip the remainder of this block			
Purpose of Well (circle all applicable): Home Industrial Public Supply (rrigation Fish Culture				
Other (describe):				
If a flowing well, method of flow regulation: Valve	Other (describe)			
Static Water Level:feet [above or belov (circle one)	v] land surface Date measured:			
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Well depth: 10 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: Tope of casing: 12.7 C. Type of casing: 12.7 C.				
	inches Type of screen:			
Screen slot size:inches	: From feet to 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 Form: OI WR-SWR-1A (4)				

Form: OLWR-SWR-1A (4/13)

County: <u>BOLVOX</u> Permit #: <u>GUA7808</u>	[For Office Use	•
	We	ell#: <u>R252</u>	
The sketch below only required for water wells	Description of formations encour	itered must be provide	ed for all well:
If well telescopes, show depths on sketch.	and boreholes, unless specifically	exempted by regulati	<u>ons</u>
Ground Level	Description of Formations Encounter		To (depth)
	TOP SOIL	Ground level	10
17	SANO.	10	25
	Midium compse sem	25	(Se)
	COASE SAND PEREUS	80	(08
11 \ (Du=	CLM FWE ELOW	108	011
ile" casm =	GOTTOL	110	112
lle CASIN -			
- •			
17.12		-	
11400			
/ , u			
I LE SCHUEN			
J.			
-			
If more than one screen, show location of each on sketch			
Sketch the property layout and include the following:			
1) the well location			
 any permanent structures on the property that may any roads, power lines, or other items that may aid it 	aid in locating the well		
4) north arrow	in tocating the property and the well		
SEE	-MH2		
300	/ - (V()		
			į
.ve			
•			
andowner Name:			
HEREBY CERTIFY that the well/borehole was drilled, equirements of the Mississippi Department of Environ f applicable, and state laws.	constructed, and completed in accordental Quality and the Mississippi De	dance with all applica partment of Health re	able egulations,
T	8)	
JOHN NEWONE 0.773	1.20.2013 (John)	lenx - ~	I
rint Name of Responsible Licensee and License No.			
The state of the s	Date Sign:	ature of Licensee	 [

STATE WELL REPORT

Part 2

Permit #: <u>(5</u>10) -

Date completed: 11-20

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

For Office Use Only:		
Well #: <u>R 959</u>		
Aquifer:		

(601)	360-0535 (fax)			
This part of the report must be completed by a licensed water v	well contractor or a licensed nump installer. A copy of Part 1			
of the report must be attached and both parts filed with the De	partment at the above address within 30 days of well completion.			
Well Owner Information	Well Location			
Owner Name: Delta Pine Land Company LP	Latitude: 33°26′27Longitude: 91 01 29 ′′			
Mailing Address: V.O. 150x 5669	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPSX, Survey-grade GPS			
Greenville MS 38783 City State Zip Code	SENT NEW, Sec 04 T 20N R 09W			
City State Zip Code				
Telephone No. ()	3.5 Miles $N.E$ of 5 cett (Distance) (Direction) (Nearest Town)			
Pump Typ	e (circle one)			
	Jet Piston Rotary Other (describe):			
Submersible Turbine Air Lift Centrifugal Flowing Well	Gellens Box Minute			
Date Pump Installed: R	ated Pump Capacity: 2500 Gallons Per Minute			
Is This Pump (circle one): New Repaired Replacemen				
Power Typ	e (circle one)			
Electric Diesel Gasoline Natural Gas Tractor PTO Wind	Imill Other (describe):			
Horse Power Rating of Motor: 600 Setting Depti	n:feet Number of Stages:			
Pump Test Data 1	or Non Flowing Well			
Date Well Tested: hours Duration of Pump Test (minimum 4 hours): hours Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface				
Static Water Level (A): Feet Below Land Surface				
Drawdown [(B) - (A)]:Feet Below Land Surf	ace Test Pumping Rate:Gallons Per Minute			
Method of measurement (circle one): Steel tape Electric ta				
Measured shut in head: Well yieldedGPM with a drawdown offeet afterhours of pumping				
Well yieldedGPM with a drawdown of	feet afternours or pumping			
, Meter	Installation			
Meter Manufacturer:	Meter Serial Number:			
Meter Model Number/Name: 00 1/6+6/	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	ent			
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	ne best of my knowledge.			
Highbor of Stephens 7411-P	3/28/14 //			
Print Name of Pump Installer and License No. (if applicable) Date Signature of Dump Installer			

Signature of Jump Installer Form: OLWR-SWR-1B (4/13)



