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State Well Report

County:Washington
Permit #:
Driller: SIDNEY COOK
Date completed: <u>9/22/05</u>

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:		
Aquiter:	~	
well#: <u>A- 183</u>		
L.S. Elevation:		
E-Log #:		

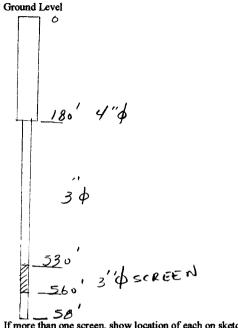
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location					
Owner Name DELTA & PINE LAND CO.	Latitude: <u>N 33° 29.44'</u> Longitude: <u>W 91° 3.340'</u>					
Mailing Address: P.O. BOX 217 .	Method of Lat/Long (cheete one): Sonventional Survey, 32. USGS quad, Hand-held GPS, Survey-grade GPS					
	SE NE <u>NE ¼ SE ¼</u> Sec <u>18</u> Twn <u>19N</u> Rng <u>8W</u>					
SCOTT MS 38772	Distance Direction Nearest Town					
City State Zip Code	<u>5_Miles S</u>					
Telephone No. ()						
Well	Data					
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other HORTICULTUR					
Date well drilling started: <u>9/21/05</u> Date w	vell drilling completed:9/22/05					
If flowing, method of flow regulation: Valve Other	(describe)					
Static Water Level:65 feet above of below (circle one) la	nd surface Date measured: <u>9/22/05</u>					
Method of Measurement (circle one) steel tape electric tape air line other:						
Hole depth:	Well grouted to a depth of <u>10</u> feet					
Type of grout (circle one): Cement Gentonite M	ix					
Casing Length: <u>530</u> feet Casing diameter: <u>3</u>	inches Type of casing:PVC					
Screen Length: <u>30</u> feet Screen diameter: <u>3</u>	inches Type of screen:PVC					
Screen slot size: <u>.008</u> inches Setting depth: From _	0 feet to 560 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 drilled, constructed, and completed in accor	dance with all applicable requirements of the Mississippi					
Department of Environmental Quality and/or the Mississippi Dep	artment of Health regulations and state laws.					
Sidney Cook #0-289	Drang Goll					
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor					
L	RECEIVED					
	acri 1.9.2005					

0CT 1 9 2005 BY: OLWR

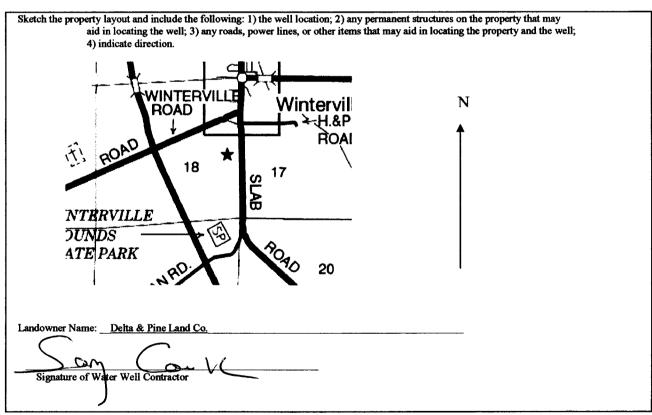
A 183

If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	<u>To</u>
Clay	0	9
Sand & Gravel	96	1(
Clav	102	2
Clay & Shell	220	3
Sandy Shell	300	3
Fine Sand	360	3
Medium Sand	380	4
Shell	437	4
Med to Course Sand	450	5
Course Sand	520	5
Medium Sand	560	5
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If more than one screen, show location of each on sketch



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County:WASHINGTON
Permit #:
Driller
Date completed:

STATE WELL REPORT

Part 2 Pump Installer's Completion Report 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:	
Aquiter:	
Well #:	A-183
Elevation:	

This report should be prepared by the pump installer in detail and filed with Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name DELTA & PINE LAND CO	Latitude: <u>N 33° 29.44</u> Longitude: <u>W 91° 3.310</u>
Mailing Address: <u>P.O. BOX 217</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
SCOTT MS 38772	<u>NE ¼ SE ¼ Sec 18 Twn 19N Rng 8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible)	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor: <u>3 HP</u>
Date Pump Installed: 10/14/05	Setting Depth:feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>1</u>
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested:	Air Line Electric Measuring Line Reel Tape
Static Water Level (A):65 Feet Below Land Surface	Other (specify):
Pumping Water Level (B):Feet Below Land Surface	
Drawdown [(B)-(A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate:Gallons Per Minute	Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping
I HEREBY CERTIEV, that the above statements are true to the best of	of my knowledge

Matt Stephens #0-743P Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

> DCT 1 9 2005 BY: OLWR