

# State Well Report

## 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)

County: Washington  
Permit #: \_\_\_\_\_  
Driller: SIDNEY COOK  
Date completed: 9/22/05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
Well #: A-183  
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: <u>DELTA &amp; PINE LAND CO.</u>	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): <u>Conventional Survey</u> , USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
_____	<u>44</u> <u>SE</u> <u>NE</u> <u>NE</u> ¼ <u>SE</u> ¼ Sec <u>18</u> Twn <u>19N</u> Rng <u>8W</u>
<u>SCOTT</u> <u>MS</u> <u>38772</u>	Distance Direction Nearest Town
City State Zip Code	<u>.5</u> Miles <u>S</u> of <u>WINTERVILLE</u>
Telephone No. ( ) _____	

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other HORTICULTURE

Date well drilling started: 9/21/05 Date well drilling completed: 9/22/05

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 65 feet above or below (circle one) land surface Date measured: 9/22/05

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 580 Well depth: 560 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing Length: 530 feet Casing diameter: 3 inches Type of casing: PVC

Screen Length: 30 feet Screen diameter: 3 inches Type of screen: PVC

Screen slot size: .008 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: 180 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 accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Sidney Cook #0-289  
Print Name of Water Well Contractor and License No.

Sidney Cook  
Signature of Water Well Contractor

**RECEIVED**  
OCT 19 2005  
BY: OLWR



# 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:

Aquifer: \_\_\_\_\_  
 Well #: A-183  
 Elevation: \_\_\_\_\_

County: WASHINGTON  
 Permit #: \_\_\_\_\_  
 Driller: SIDNEY COOK  
 Date completed: 10/14/05

**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 <u>DELTA &amp; PINE LAND CO</u>	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, <u>Hand-held GPS</u> , Survey-grade GPS
<u>SCOTT</u> <u>MS</u> <u>38772</u> City State Zip Code	<u>NE ¼ SE ¼ Sec 18 Twn 19N Rng 8W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>.5</u> Miles <u>N</u> of <u>WINTERVILLE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u> HP
Date Pump Installed: <u>10/14/05</u>	Setting Depth: <u>150</u> 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 <u>Steel Tape</u>
Static Water Level (A): <u>65</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

Matt Stephens  
 Signature of Pump Installer

RECEIVED  
 OCT 19 2005  
 BY: OLWR