

DREW LAWRENCE #7

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: WASHINGTON
 Permit #: GW-47035 ✓
 Driller: J. HEWLOME 0.773
 Date drilling completed: 4.22.13

For Office Use Only:
 Aquifer: _____
 Well #: G359
 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 COMPANY</u> | Latitude: <u>33.20.00"</u> Longitude: <u>91.07.42"</u> |
| Mailing Address: <u>P.O. Box 5669</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>GREENVILLE MS 38704</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS ✓ |
| City State Zip Code | <u>IR 1/4 IR 1/4 Sec 03 ✓</u> Twn <u>17N ✓</u> Rng <u>09W ✓</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>4.5 Miles S.W. of GREENVILLE</u> |

Well / Borehole Data

Date drilling started: 4.22.13 Date drilling completed: 4.22.13 Hole depth: 112 Hole diameter: 20"

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: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 10 inches Type of casing: P.V.C.

Screen length: 20 feet Screen diameter: 10 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 90 feet to 110 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)

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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 #: G359

Elevation: _____

County: Washington
Permit #: GW-47035
Driller: J. Newcome
Date completed: 4/22/13

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

| Well Owner Information | | Well Location | |
|--|--|---------------------------|---------------------------------|
| Owner Name: <u>Delta Pine Land Company</u> | Latitude: <u>33.20.00</u> | Longitude: <u>91.07.4</u> | |
| Mailing Address: <u>P.O. Box 5669</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> Survey-grade C | | |
| <u>Greenville MS 38704</u> | USGS quad: <u>IR 1/4 IR 1/4 Sec 03 Twn 17N Rng 09E</u> | | |
| City State Zip Code | Distance: <u>4.5 Miles</u> | Direction: <u>S.W.</u> | Nearest Town: <u>Greenville</u> |
| Telephone No. () _____ | | | |

| Pump Type Circle one | | | Power Type Circle one | | |
|--|-------------------------------------|--------------------|---|------------------------|---------|
| Air Lift | Jet | <u>Submersible</u> | Diesel Engine | Gasoline Engine | Natural |
| Diaphragm | Piston | Turbine | <u>Electric Motor</u> | Hand | Tractor |
| Centrifugal | Rotary | Flowing Well | Windmill | Other (specify): _____ | |
| Other (specify): _____ | Date Pump Installed: <u>4/23/13</u> | | Motor Power Rating of Motor: <u>20 HP</u> | | |
| Rated Pump Capacity: <u>900</u> Gallons Per Minute | | | Setting Depth: <u>70</u> feet | | |
| | | | Number of Stages: <u>1</u> | | |

| Pump Test Data | | Method of Measuring Water Level Circle one | |
|--|--|--|-------------------------|
| Date Well Tested: _____ | | Air Line | Electric Measuring Line |
| Static Water Level (A): _____ Feet Below Land Surface | | Steel Tap | |
| Pumping Water Level (B): _____ Feet Below Land Surface | | Other (specify): <u>Not Tested</u> | |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | | For flowing well, measured shut in head: _____ | |
| Test Pumping Rate: _____ Gallons Per Minute | | Well yield: _____ GPM with a drawdown of _____ feet after _____ hours of pumping | |
| Duration of Pump Test (minimum 4 hours): _____ | | | |

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

Hubbard Stephens 741-P
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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