

County: Sunflower
 Permit #: GW43440
 Irrigation Equipment
 Driller:
 Date drilling completed: 8-12-09

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)

For Office Use Only:
 Aquifer: _____
 Well #: 159
 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>John Hancock Insurance</u>	Latitude: <u>33.43.26.5</u>	Longitude: <u>90.29.28.7</u>	
Mailing Address: <u>362 New Byhalia Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Suite 203</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Collierville Tn. 38017</u>	<u>SW 1/4 SE 1/4 Sec 34 Twn 22N Rng 3W</u>		
City State Zip Code	Distance: <u>3</u> Miles	Direction: <u>E</u>	Nearest Town: <u>Ruleville</u>
Telephone No. <u>(901) 854-4649</u>	<u>Levingston Place</u>		
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture <u>Other</u> <u>Replacement</u>	Bad well 15' east		
Date well drilling started: <u>8-12-09</u>	Date well drilling completed: <u>8-12-09</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>54</u> feet above or below (circle one) land surface	Date measured: <u>8-13-09</u>		
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>122</u> Well depth: <u>122</u>	Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>82</u> feet	Casing diameter: <u>16</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet	Screen diameter: <u>16</u> inches	Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches	Setting depth: From _____ feet to _____ feet		
Type of completion (circle all applicable): <u>Gravel packed</u> 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) <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____			
Name of organization running log(s): _____			
I certify that the well was 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.			
Irrigation Equipment Inc. John P. Chism 0439			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor: <u>John P. Chism</u>		

RECEIVED

AUG 18 2009

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)

County: Sunflower
Permit #: _____
Driller: Irrigation Equipment
Date completed: 8-12-09

For Office Use Only:

Aquifer: 0
Well #: E.159
Elevation: _____

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

Well Owner Information	Well Location
Owner Name: <u>John Hancock Insurance</u>	Latitude: <u>33-43-26</u> Longitude: <u>90-24-29</u>
Mailing Address: <u>362 New Byhalia Rd</u> <u>Suite 203</u> <u>Collierville Tn. 38017</u> City State Zip Code	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
Telephone No. <u>(901) 854-4649</u>	<u>SW 1/4 SE 1/4 Sec 34 Twn 22N Rng 3W</u>
	Distance Direction Nearest Town <u>3 Miles E of Ruleville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>8-13-09</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>2300±</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): _____ 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.

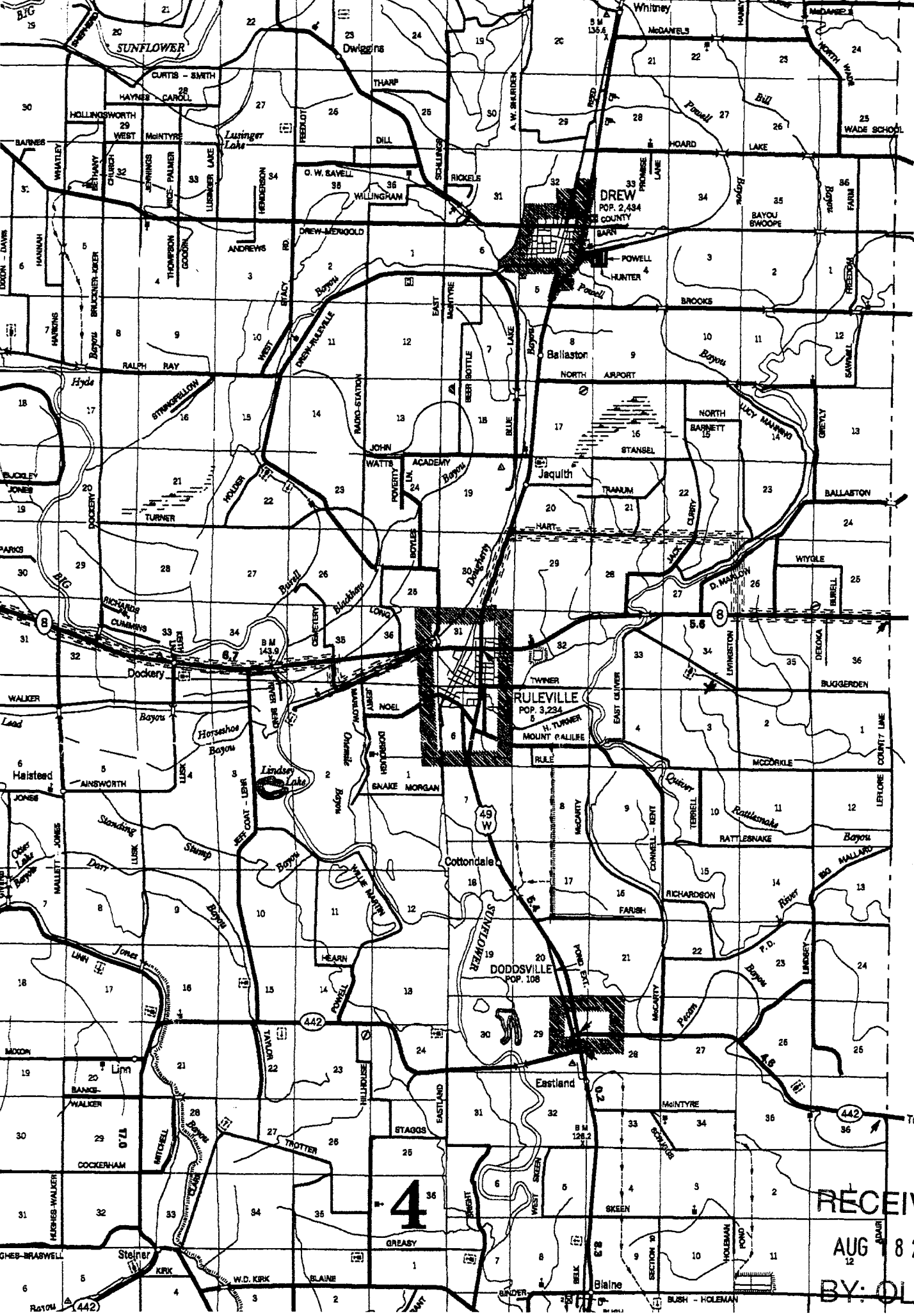
John P. Chism 0439
Print Name of Pump Installer and License No. (if applicable)

John P. Chism
Signature of Pump Installer

RECEIVED
AUG 18 2009
BY: OLWR

To Minter City
To Winter City

LEFLORE COUNTY
T 1 N



4

RECEIVED
AUG 8 2009
BY: OLWR