

Livingston Place

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: Sunflower
 Permit #: GW42718
 Irrigation Equipment
 Driller:
 Date drilling completed: 7-21-08

For Office Use Only:
 Aquifer: F17A
 Well #: D-120
 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 26.2</u> Longitude: <u>90.29.49.1</u>
Mailing Address: <u>c/o New South Properties</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>49</u>
<u>362 New Byhalia Rd, 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 <u>Collierville</u> State <u>TN</u> Zip Code <u>38017</u>	Distance <u>3</u> Miles Direction <u>E</u> of Nearest Town <u>Ruleville</u>
Telephone No. () <u>901-854-4649</u>	

Well Data Old Well 16" Steel 12' West

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

Date well drilling started: 7-21-08 Date well drilling completed: 7-21-08

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

Static Water Level: 54 feet above of below (circle one) land surface Date measured: 7-23-08

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

Hole depth: 114 Well depth: 114 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 74 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 75 feet to 114 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 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
Patrick M. Chism 0695

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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BY OLWR

Livingston Place

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)854-6938 (fax)

County: Sunflower
 Permit #: _____
 Irrigation Equipment
 Driller: _____
 Date completed: 7-21-08

For Office Use Only:
 Aquifer: F174
 Well #: D-120
 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> <u>c/o New South Properties</u> Mailing Address: _____ <u>362 New Byha Rd, Suite 203</u> <u>Collierville TN 38017</u> City State Zip Code <u>901-854-4649</u> Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>USGS quad, Hand-held GPS, Survey-grade GPS</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"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>7-23-08</u> Rated Pump Capacity: <u>2300±</u> Gallons Per Minute	<u>Diesel Engine</u> <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>80</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

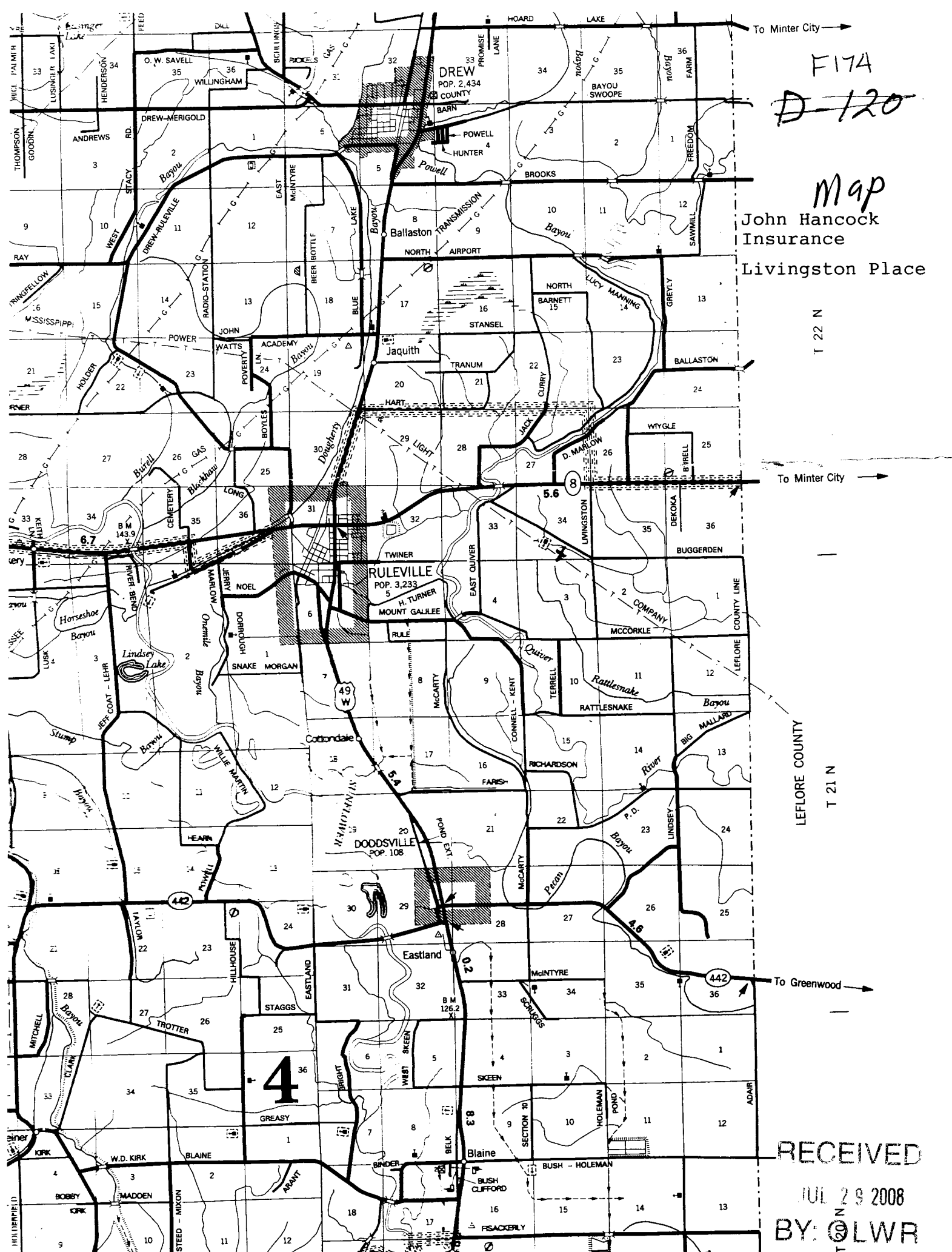
Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable)

Patrick M. Chism
 Signature of Pump Installer

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BY: OLWR



F174

~~D-120~~

Map

John Hancock Insurance

Livingston Place

T 22 N

T 21 N

LEFLORE COUNTY

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T 21 N