

# 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 #: GW 41676  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 3-22-07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: Q-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>John Hancock Insurance</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>c/o New South Properties</u> <u>Suite</u> <u>362 New Byhalia Rd. #203</u> <u>Collierville, TN 38017</u>	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
City _____ State _____ Zip Code _____	NW <u>1/4</u> SE <u>1/4</u> Sec <u>14</u> Twn <u>19N</u> Rng <u>3W</u>
Telephone No. (____) <u>901-854-4649</u>	Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>North</u> of <u>Moorhead</u>

Well Data #16 Solmson Place/Inwood Replacement

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

Date well drilling started: 3-22-07 Date well drilling completed: 3-22-07 GW11065

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

Static Water Level: 53' feet above or below (circle one) land surface Date measured: 3-23-07

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

Hole depth: 133 Well depth: 133 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite Mix

Casing length: 93 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

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

Screen slot size: .050 inches Setting depth: From 94 feet to 133 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

*Patrick M. Chism*

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

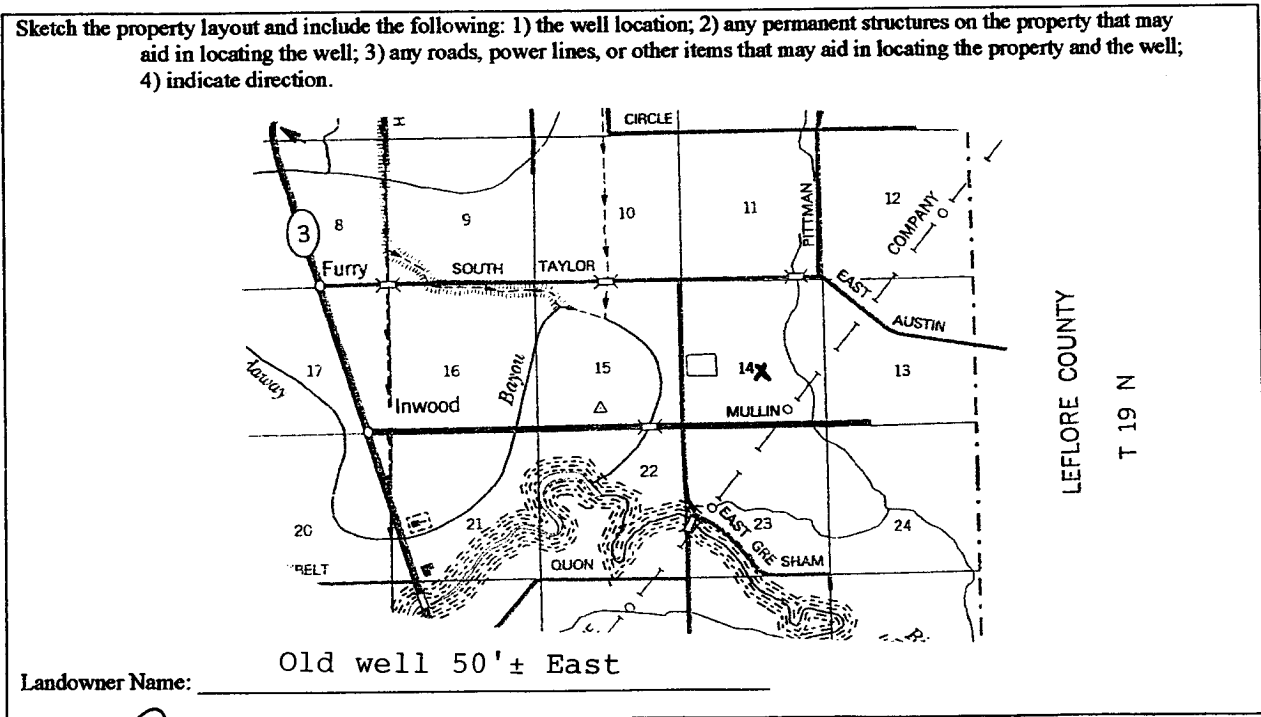
Ø - 183.

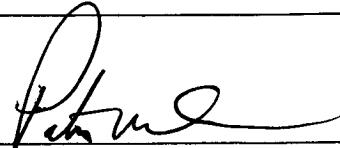
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	25
Fine Sand	26	45
Coarse Sand	46	65
Coarse Sand/gravel	66	95
Rock	96	115
Coarse Sand/gravel	116	125
Coarse Sand	126	133

If more than one screen, show location of each on sketch



  
 Signature of Water Well Contractor

# 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 #: 6W 41674  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 3-22-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: Q-183  
 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> Mailing Address: <u>c/o New South Properties</u> <u>362 New Byhalia Rd., Ste. 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> _____ ¼ _____ ¼ Sec <u>14</u> Twn <u>19N</u> Rng <u>3W</u> Distance Direction Nearest Town <u>4</u> Miles <u>North</u> of <u>Moorhead</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible Bucket                        Piston <u>Turbine</u> Centrifugal                  Rotary                      Flowing Well Other (specify): _____ Date Pump Installed: <u>3-23-07</u> Rated Pump Capacity: <u>2300±</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine              Natural Gas Electric Motor                  Hand                              Tractor PTO Windmill                      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                  Electric Measuring Line              Steel Tape 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