

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 #: 6W 41732
Irrigation Equipment
Driller: _____
Date drilling completed: 4-2-07

For Office Use Only:
Aquifer: _____
Well #: Q-184
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> c/o New South Properties Mailing Address: <u>362 New Byhalia Road, Suite 203</u> <u>Collierville, TN 38017</u> City: _____ State: _____ Zip Code: _____ Telephone No. () _____	Latitude: <u>33 32 48.6</u> Longitude: <u>90 31 04.3W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>USGS quad</u> , <u>Hand-held GPS</u> , <u>Survey-grade GPS</u> <u>SW</u> <u>1/4 NW</u> <u>1/4 Sec 4</u> <u>Twn 19N</u> <u>Rng 3W</u> Distance: <u>1</u> Miles <u>East</u> of <u>Sunflower</u> Nearest Town: _____ <u>Sunflower MS Farm</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Replacement
Date well drilling started: 4-2-07 Date well drilling completed: 4-2-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 52 feet above or below (circle one) land surface Date measured: 4-3-07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 125 Well depth: 125 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 85 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: 125 inches Setting depth: From 86 feet to 125 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

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BY: OLWF

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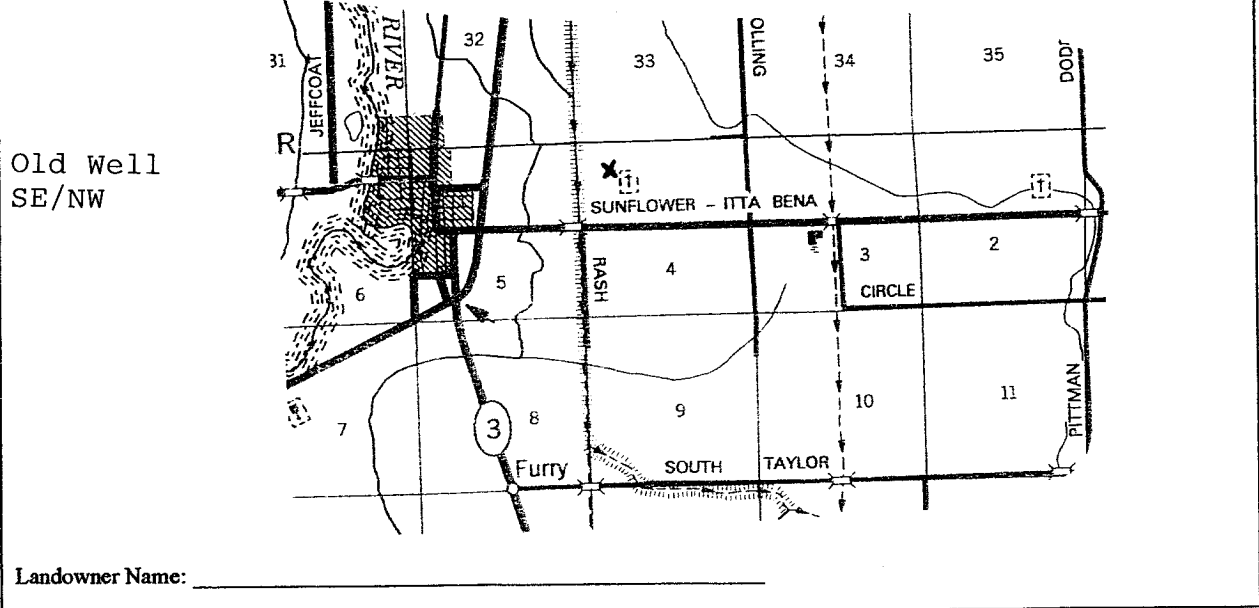
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	35
Fine Sand	36	42
Fine Sand/gravel	43	54
Med. Sand/gravel	55	125

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Patrick M. Chi
 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 #: 6W41732
 Irrigation Equipment
 Driller: _____
 Date completed: 4-2-07

For Office Use Only:

Aquifer: _____
 Well #: Q-184
 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, Suite 203</u> <u>Collierville TN 38017</u> City State Zip Code <u>662-854-4649</u> Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS _____ ¼ _____ ¼ Sec <u>4</u> Twp <u>19N</u> Rng <u>3W</u> Distance Direction Nearest Town <u>1</u> Miles <u>East</u> of <u>Sunflower</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>4-3-07</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 Patrick M. Chism **RECEIVED**
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

APR 24 2007
 BY: OLWR