

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 #: Q-194
L. S. Elevation: _____
E-log #: _____

County: Sunflower
Permit #: 00042869
Irrigation Equipment
Driller: _____
Date drilling completed: 9-25-08

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>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>362 New Byhalia Rd Suite</u>	<u>SW 1/4 NE 1/4 Sec 24 Twn 19N Rng 3W</u>
<u>Collierville Tn. 38017</u>	Distance _____ Direction _____ Nearest Town _____
City State Zip Code	<u>2 Miles N of Moorhead</u>
Telephone No. <u>(901) 854-4649</u>	<u>old solmsen Place</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>9-25-08</u> Date well drilling completed: <u>9-25-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>48</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>9-26-08</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>113</u> Well depth: <u>113</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>73</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 <u>74</u> feet to <u>113</u> 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.	<u>John P. Chism</u> Signature of Water Well Contractor

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Q-194

If well telescopes please sketch below and show depths.

Ground Level

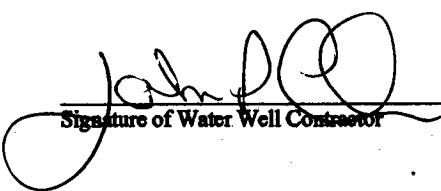
GW42869

Description of Formations Encountered	From	To
Clay	0	28
Fine Sand	29	36
Fine Sand & Gravel	37	58
Medium Sand & Gravel	59	113

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.

Landowner Name: John Hancock Insurance


Signature of Water Well Contractor

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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 #: 20042867
Irrigation Equipment
Driller: _____
Date completed: _____

For Office Use Only:

Aquifer: _____
Well #: Q-194
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: _____ Longitude: _____
Mailing Address: <u>c/o New South Properties</u>	Method of Lat/Long (circle one): Conventional Survey,
<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 NE 1/4 Sec 24 Twn 19N Rng 3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>906 854-4649</u>	<u>2 Miles N of Moorhead</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>9-26-08</u>	Setting Depth: <u>80</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 Electric Measuring Line Steel Tape
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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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)

[Signature]
Signature of Pump Installer

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