

County: Sunflower
 Permit #: 6W43304
 Irrigation Equipment
 Driller:
 Date drilling completed: 7-7-09

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 #: 200
 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</u>	Latitude: <u>33.27.96.5</u>	Longitude: <u>90.31.63.7</u>	
Mailing Address: <u>40 New South Properties</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>362 New Byhalia Rd. Ste. 203</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Collierville Ms. 38017</u>	<u>NW 1/4 SE 1/4 Sec 32 Twn 19N Rng 3W</u>		
City State Zip Code	Distance	Direction	Nearest Town
Telephone No. <u>901 854-4649</u>	<u>2</u> Miles	<u>NW</u> of	<u>Moorehead</u>

Well Data

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

Date well drilling started: 7-7-09 Date well drilling completed: 7-7-09

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

Static Water Level: 47 feet above below (circle one) land surface Date measured: 7-8-09

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

Hole depth: 128 Well depth: 128 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 88 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 89 feet to 128 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.
 John P. Chism 0439

Print Name of Water Well Contractor and License No. _____
 Signature of Water Well Contractor: John P. Chism

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6W43304

Ⓢ 200

If well telescopes please sketch below and show depths.

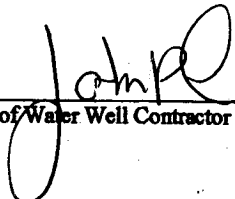
Ground Level

Description of Formations Encountered	From	To
Clay	0	37
Fine Sand	38	57
Course Sand + Gravel	58	128

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


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 #: QW43304
Irrigation Equipment
Driller:
Date completed: 7-7-09

For Office Use Only:

Aquifer: _____
Well #: Q 200
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</u>	Latitude: <u>33° 27' 58"</u> Longitude: <u>90° 31' 38"</u>
Mailing Address: <u>40 New South Properties</u> <u>362 New Byhalia Rd. Ste. 203</u> <u>Collierville Ms. 38017</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SE 1/4 Sec 32 Twn 19N Rng 3W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2 Miles NW of Moorhead</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input checked="" type="checkbox"/> Diesel Engine <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 Other (specify): _____
Date Pump Installed: <u>7-8-09</u>	Horse Power Rating of Motor: <u>60</u>
Rated Pump Capacity: <u>2300+</u> Gallons Per Minute	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: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	
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

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