

County: Sunflower
 Permit # OW43439
 Irrigation Equipment
 Driller:
 Date drilling completed: 8-10-09

State Well Report

Part 1

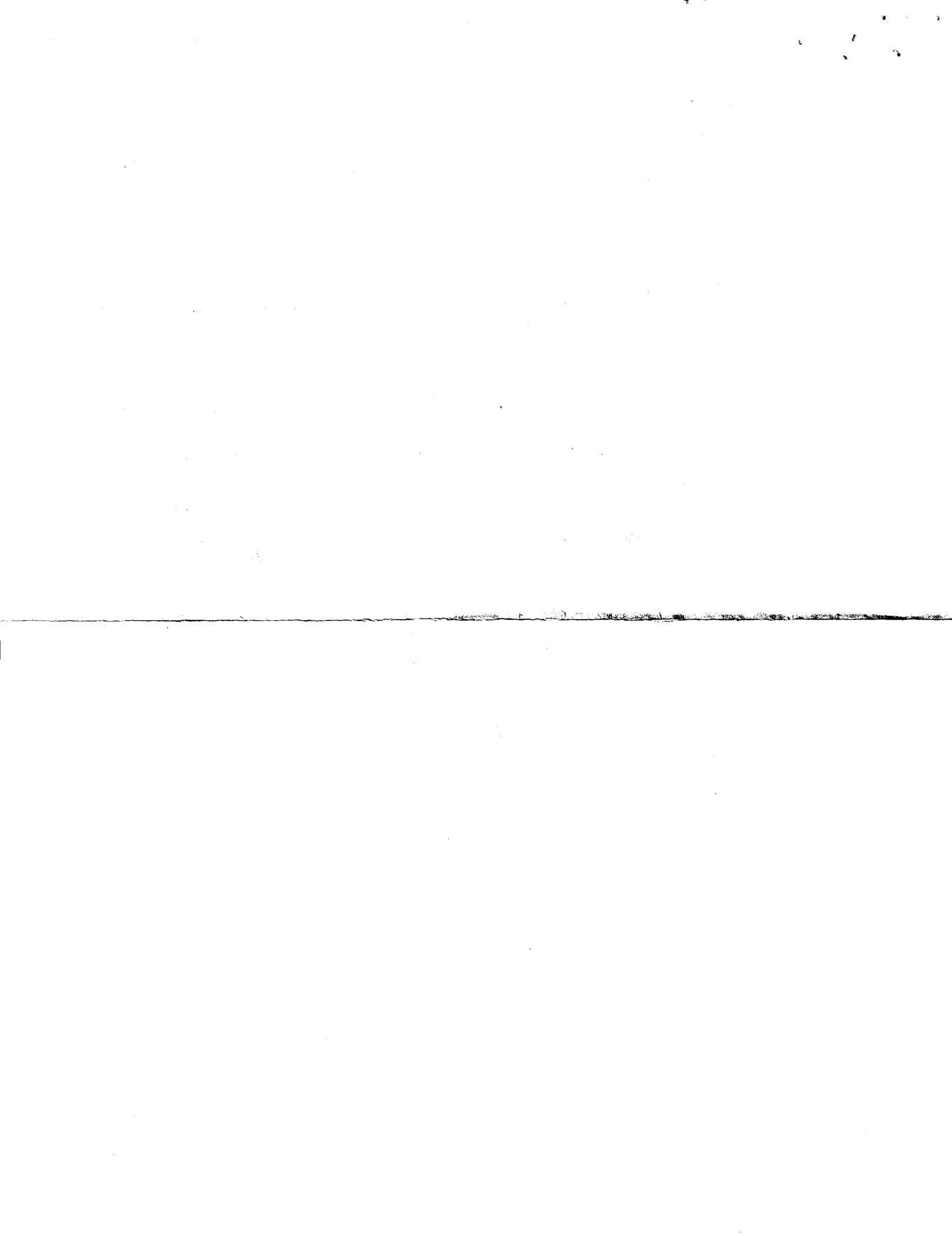
Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: 7 201
 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>33.28.08.7</u>	Longitude: <u>90.32.22.9</u>	
Mailing Address: <u>362 New Byhalia Rd.</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		
<u>Suite 203</u>	NW 1/4 SW 1/4 Sec <u>32</u> Twn <u>19N</u> Rng <u>3W</u>		
<u>Collierville Tn. 38017</u>	Distance _____ Miles Direction <u>NW</u> of <u>Moorhead</u>		
City _____ State _____ Zip Code _____	<u>Solmsen Place</u>		
Telephone No. <u>(901) 854-4649</u>	Well Data <u>Old Well 15' North</u>		
Purpose of Well (circle one) Home _____ Industrial _____ Public Supply _____ <input checked="" type="radio"/> Irrigation _____ Fish Culture _____ <input checked="" type="radio"/> Other <u>Replacement</u>	Date well drilling started: <u>8-10-09</u> Date well drilling completed: <u>8-10-09</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>49</u> feet above of <input checked="" type="radio"/> below (circle one) land surface Date measured: <u>8-11-09</u>		
Method of Measurement (circle one) <input checked="" type="radio"/> steel tape _____ electric tape _____ air line _____ other: _____	Hole depth: <u>127</u> Well depth: <u>127</u> Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one): Cement _____ <input checked="" type="radio"/> Bentonite _____ Mix _____	Casing length: <u>87</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>88</u> feet to <u>127</u> feet		
Type of completion (circle all applicable): <input checked="" type="radio"/> 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): <input checked="" type="radio"/> 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.		
John P. Chism 0439	Signature of Water Well Contractor <u>John P. Chism</u>		
Print Name of Water Well Contractor and License No.			

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6W43439

201

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	20
Fine Sand	21	38
Fine Sand + Gravel	39	49
Medium Sand + Gravel	50	127

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

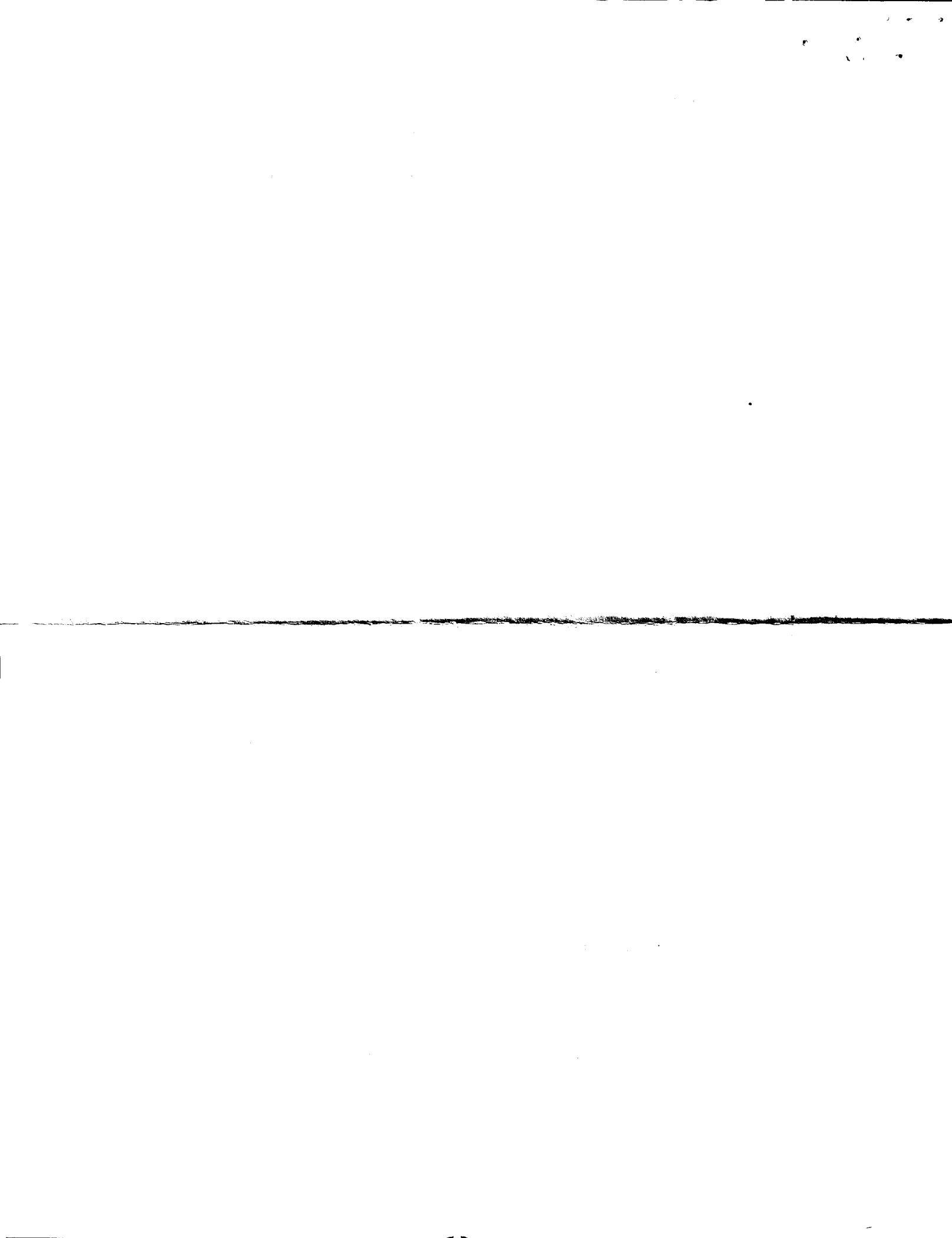
Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Landowner Name: John Hancock

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 #: 6W43439
 Irrigation Equipment
 Driller:
 Date completed: 8-10-09

For Office Use Only:

Aquifer: _____
 Well #: 7-201
 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> Mailing Address: <u>362 New Byhalia Rd.</u> <u>Suite 203</u> <u>Collierville Tn. 38017</u> <small>City State Zip Code</small> Telephone No. <u>901, 854-4649</u>	Latitude: <u>33-28-09</u> Longitude: <u>90-32-25</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 32 Twn 19N Rng 3W</u> Distance Direction Nearest Town <u>2 Miles NW of 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>8-11-09</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.

John P. Chism 0439
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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