

County: Sunflower  
 Permit #: 06043223  
 Driller: Irrigation Equipment  
 Date drilling completed: 5/21/09

**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 #: Q 176  
 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>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>362 New Byhalia Rd. Suite 203</u>	<u>NE 1/4 NE 1/4 Sec 23 Twn 18N Rng 4W</u>
<u>Collierville Tn. 38017</u>	Distance: <u>4</u> Miles Direction: <u>SF</u> of Nearest Town: <u>Indianola</u>
City: _____ State: _____ Zip Code: _____	
Telephone No. <u>(901) 854-4649</u>	

**Well Data**

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

Date well drilling started: 5/21/09 Date well drilling completed: 5/21/09

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

Static Water Level: 40 feet above or  below (circle one) land surface Date measured: 5/22/09

Method of Measurement (circle one)  steel taps electric taps 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

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

Screen slot size: .050 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.  
John P. Chism 0439

Print Name of Water Well Contractor and License No. \_\_\_\_\_

John P. Chism  
 Signature of Water Well Contractor

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 MAY 28 2009  
 BY: OLWR



# 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 #: 6043773  
**Irrigation Equipment**  
 Driller: \_\_\_\_\_  
 Date completed: 5/21/09

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: Q.176  
 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> <small>City State Zip Code</small> Telephone No. <u>(901) 854-4649</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 23 Twn 18N Rng 4W</u> Distance Direction Nearest Town <u>4</u> Miles <u>SE</u> of <u>Indigoak</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>5/22/09</u> Rated Pump Capacity: <u>1800 ±</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>40</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>

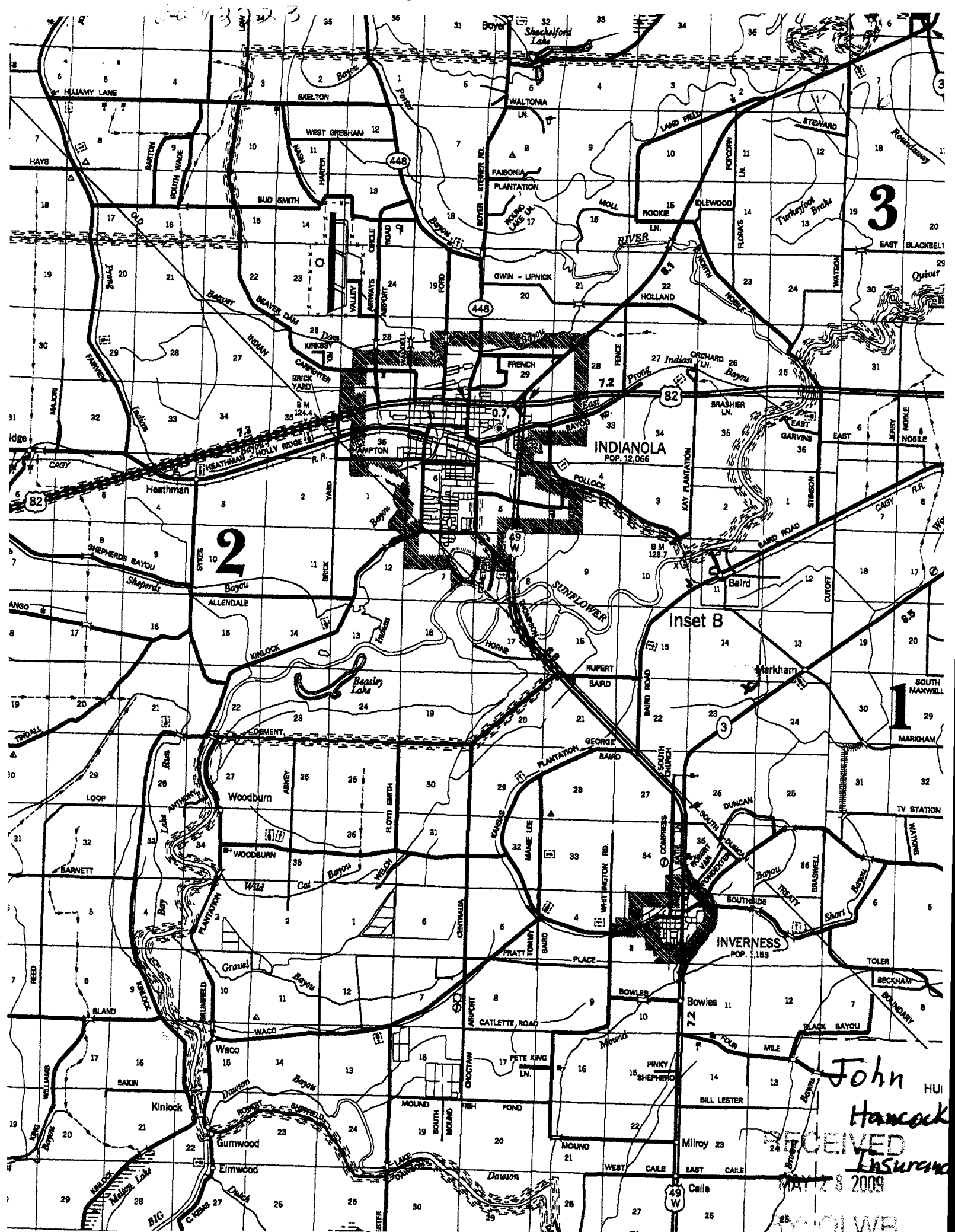
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump 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)

John P. Chism  
 Signature of Pump Installer

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 MAY 28 2009  
 BY: OLWR



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INDIANOLA  
POP. 12,066

Inset B

1

INVERNESS  
POP. 1,153

John Hancock  
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Insurance  
MAY 28 2009

BY POLWER