

County: Sunflower  
 Permit #: GW 45514  
 Irrigation Equipment  
 Driller:  
 Date drilling completed: 9-21-11

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961- 5210  
 (601)961- 5228 (fax)

**For Office Use Only:**  
 Aquifer:  
 Well #: R23E  
 L. S. Elevation:  
 E-log #:

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i>          Owner Name: <u>Goose Pond Ag Inc.</u>          Mailing Address: <u>c/o John Hancock Insurance</u>  <u>1803 Woodfield Drive,</u>  <u>Savoy IL 31874</u> suite B          City State Zip Code  <u>901-854-4649</u>          Telephone No. ( )          Contact: <u>Philip Erstine</u></p>	<p><b>Well or Borehole Location</b>          Latitude: <u>33.23 43.9N</u> Longitude: <u>90 30 06.8W</u>          Method of Lat/Long (circle one): <u>Conventional Survey</u>          USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>  <u>NW 1/4 SW 1/4 Sec 27 Twn 18N Rng 3W</u>          Distance Direction Nearest Town  <u>Miles of Moorhead</u></p>
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Date drilling started: 9-21-11 Date drilling completed: 9-21-11 Well / Borehole Data  
 Hole depth: 126 Hole diameter: 18"  
 Location of the source of any surface water used for drilling: Surface Water  
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM  
 Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other:  
 Name of organization running log(s):  
 Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_ Ground Source Heat Pump \_\_\_  
 Seismic Survey \_\_\_ Other (describe) \_\_\_\_\_  
*If drilling is not related to water well construction, skip the remainder of this block*  
 Purpose of Well (check one): Home \_\_\_ Industrial \_\_\_ Public Supply \_\_\_ Irrigation  Fish Culture \_\_\_ Other: Replacement  
 If a flowing well, method of flow regulation: Valve \_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 42' feet above or (below) (circle one) land surface Date measured: 9-22-2011  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 126 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Montonite) Mix  
 Casing length: 86 feet Casing diameter: 10 inches Type of casing: pvc  
 Screen length: 40 feet Screen diameter: 10 inches Type of screen: pvc  
 Screen slot size: .050 inches Setting depth: From 87 feet to 126 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 next page*



County: Sunflower  
 Permit #: GW 45514  
**Irrigation Equipment**  
 Dealer: \_\_\_\_\_  
 Date completed: 9-21-2011  
 Copy information from block on Part 1

## STATE WELL REPORT

### Part 2

Pump Installer's Completion Report  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 12-038  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

<p style="text-align: center;"><b>Well Owner Information</b></p> <p>Owner Name: <u>Goose Pond Ag Inc</u>  <u>c/o John Hancock Insurance</u>        Mailing Address: _____  <u>1803 Woodfield Dr, Suite B</u>  <u>Savoy IL 31874</u>        City State Zip Code        Telephone No. ( ) _____</p>	<p style="text-align: center;"><b>Well Location</b></p> <p><u>33 23 43.9N</u> <u>90 30 06.8W</u>        Latitude: _____ Longitude: _____</p> <p>Method of Lat/Long (check one): Conventional Survey _____        USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____  <u>N 1/4</u> <u>27</u> <u>T 18N</u> <u>R 3W</u>        Distance _____ Direction _____ Nearest Town _____        Miles _____ of <u>Moorehead</u></p>
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<p style="text-align: center;"><b>Pump Type</b> Circle one</p> <p>Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>        Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>        Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>        Other (specify): _____        Date Pump Installed: <u>9-22-2011</u>        Rated Pump Capacity: <u>750±</u> Gallons Per Minute</p>	<p style="text-align: center;"><b>Power Type</b> Circle one</p> <p>Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>  <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>        Windmill <input type="checkbox"/> Other (specify): _____        Horse Power Rating of Motor: <u>15</u>        Setting Depth: <u>70</u> feet        Number of Stages: <u>1</u></p>
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<p style="text-align: center;"><b>Pump Test Data</b></p> <p>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</p>	<p style="text-align: center;"><b>Method of Measuring Water Level</b> Circle one</p> <p>Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>        Other (specify): _____        For flowing well, measured shut in head: _____ feet        Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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This is for (circle one):     New Well     Replacement of Existing Pump     Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick M Chism      0695  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer