

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 #: 5-102
L. S. Elevation: _____
E-log #: _____

County: Sunflower
Permit #: GW 41605
Irrigation Equipment
Driller: _____
Date drilling completed: 3-14-07

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> c/o New South Properties Mailing Address: _____ <u>362 New Byhalia Rd, Suite 203</u> <u>Collierville TN 38017</u> City State Zip Code Telephone No. (<u>901</u>)- <u>854-4649</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 NE 1/4 Sec 5 Twn 17N Rng 5W</u> Distance Direction Nearest Town <u>7 Miles SW of Indianola</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Replacement
GW 5977

Date well drilling started: 3-14-07 Date well drilling completed: 3-14-07

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

Static Water Level: 31' feet above or below (circle one) land surface Date measured: 3-17-07

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

Hole depth: 121 Well depth: 121 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 81 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

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

Screen slot size: .050 inches Setting depth: From 82 feet to 121 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____

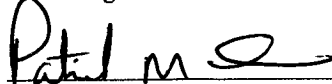
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

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.
Patrick M. Chism 0695



Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	25
Fine Sand	26	55
Med. Sand	56	75
Coarse Sand	76	95
Coarse Sand/gravel	96	105
Coarse Sand	106	115
Gravel	116	121

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: _____

Pat M
Signature of Water Well Contractor

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 #: GW 41605
 Irrigation Equipment
 Driller: _____
 Date completed: 3-14-07

For Office Use Only:
 Aquifer: _____
 Well #: S-102
 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

Owner Name: John Hancock Insurance
c/o New South Properties
 Mailing Address: _____
362 New Byhalia Rd, Suite 203
Collierville TN 38017
 City State Zip Code
901-854-4649
 Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
 _____ 1/4 _____ 1/4 Sec 5 Twn 17N Rng 5W
 Distance Direction Nearest Town
7 Miles SW of Indianola

Pump Type
 Circle one

Air Lift	Jet	Submersible
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify): _____
 Date Pump Installed: 3-17-07
 Rated Pump Capacity: 2300± Gallons Per Minute

Power Type
 Circle one

Diesel Engine	Gasoline Engine	Natural Gas
Electric Motor	Hand	Tractor PTO
Windmill	Other (specify): _____	

Horse Power Rating of Motor: 60
 Setting Depth: 70 feet
 Number of Stages: 2

Pump Test Data

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

Method of Measuring Water Level
 Circle one

Air Line	Electric Measuring Line	Steel Tape
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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.
Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer