•	,								
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		State W	ell Report						
	County: Junflower	Part 1 – ]	Driller's Log	For Office Use Oply:					
	Burnis (-1./-LL>Co/ Mississippi Departme		nt of Environmental Quality	Aquifer:    4					
	Irrigation Equipment	P.O.	nd Water Resources Box 2309	Well #:					
	Date drilling completed: 3-29-10	Jackson (601)	n, MS 39225 961- 5210	L. S. Elevation:					
	Date diming completed: <u>J XI IU</u>	(601)96	1- 5228 (fax)						
	State Law requires that this report be pre Department at the above address within	pared by the lic	ense holder responsible for 4	E-log #:					
	Department at the above address within . Information on Well Owner	30 days of com	pletion of drilling of the well	or borchole.					
	(Landowner if borehole is not for a wate	r well)	Well or Bo	chole Location					
	Owner Name John Hancock Vgrigble Life		Latitude: <u>33 °21</u> , <u>14.6N</u> 90 43 21.5W Longitude: <u>90 43 21.5</u> W						
	Mailing Address: 1803 Wood field	l Dr.	Method of Lat/Long (circle on						
Ì	Suite B		USGS quad, Hand-held GPS Survey-grade GPS						
	Savoy 1L. C	NE 1/4 NW 1/4 Sec_ 4	NE 1/ NW 1/4 Sec_ 4 VTwn 17N Rng 5W						
	City State	Zip Code	SE Distance Direction	Nearest Town					
	Telephone No. ()	_	$\underline{-4}_{Miles} \underline{N}_{o}$	Nearest Town fKinlocK					
:		W. H. (D							
	Date drilling started 3-26-10	Well / Bore							
	Date drilling started: 3-29-10 Date drilling com	pleted: <u>3-29-</u>	10 Hole depth: 127	Hole diameter: 24"					
	Location of the source of any surface water used for drilling: <u>Surface Water</u> Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM</u>								
	Logs run (circle all applicable) No log run Electri Name of organization running log(s):	c Gamma Ray	Density Sonic Neutron O	ther:					
	Purpose of borehole (check one): Water Well	eotechnical/Geolo	gical Investigation Ground S	ource Heat Pump					
	Seismic Survey Other (describe)								
	If drilling is not related to water	well construction	, skip the remainder of this bloc	k					
	Purpose of Well (check one): Home Industrial	Public Supply_	Irrigation Fish Culture	Other:					
	If a flowing well, method of flow regulation: Valve	Ot	ner (describe)						
	Static Water Level: <u>26</u> feet above or below (circle one) land surface Date measured: <u>3-30-10</u>								
•	Method of Measurement (circle one) steel tape	electric tape	air line other:						
	Well depth: <u>127</u> Well grouted to a depth of <u>10</u>	feet Type of		t Bentonite Mix					
	Casing length: 8 feet Casing diameter			PVC					
	Screen length: <u>40</u> feet Screen diameter	r: <u> </u>	_inches Type of screen:	VC					
		depth: From	88 feet to 10	27 feet					
	Type of completion (circle all applicable): Gravel p	acked Underre	amed Telescoped Open ho	le Natural Development					
	Other (describe):								
	Top of lap pipe or reduction in casing:	feet. <u>If teles</u>	coped or more than one screen.	describe on next page					
<u> </u>									

Form: OLWR-SWR-1A (04/08)

APR 97 2010 BY: OLWER

## 5 114

## The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	24
Fine Sand	25	38
Fine Sand + Gravel	39	56
Fine Sand + Gravel Medium Sand + Gravel	57	127
		1
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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) a north arrow.

Landowner Name: John Hancock Variable Life

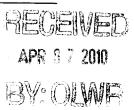
Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws. Patrick M. Chism 0695

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee



C al	STATE W	ELL REPORT	The other states and	
County: Sunflower	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		For Office Use Only	
Permit#: <u>G-W-43586</u> Irrigation Equipment			Aquifer: 5	
			Well #:	
Date completed: _3-29-10				
Copy information from block on Part 1		1)961-5210 61-5228 (fax)		
This part of the report must be completed report must be attached and both parts fil	by a licensed water well	contractor or a licensed nump	installer A come of Bent L	
report must be attached and both parts file Well Owner Informat	CH WHAT INC DEDARIMENT	at the above address within 30 c	lays of well completion.	
Owner Name: John Hancock	Vaniahla 1:	er er e	ll Location	
Mailing Address: 1803 Woodfie	11 Due			
S. J. D	la Un.	Method of Lat/Long (check one): Conventional Survey		
Suite 15		USGS quad, Hand-held	GPS Kurvey-grade GPS	
Javoy /L City State	61874	NE 1/ NW 1/4 Sec_	<u>4 T/7NR 5</u>	
Telephone No. ( )	Lip Lode '	Distance Direction	Negrest Tour	
		<u>H</u> Miles <u>M</u> of <u>Kin loc K</u>		
Pump Type		· · · · · · · · · · · · · · · · · · ·		
Circle one Air Lift Jet	<b>G</b> _1 <b>H</b> _1		wer Type Circle one	
<b>D</b> 1 -	Submersible	Diesel Engine Gasolin	ne Engine Natural (	
	Turbine	Electric Motor Hand	Tractor P	
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):	
Other (specify):		Horse Power Rating of Motor:	40	
Date Pump Installed: 3-30-	10	_	0	
Rated Pump Capacity: 1800 ±	Gallons Per Minute	Number of Stages:	feet	
			<u> </u>	
Pump Test Data Date Well Tested:		Method of Me	suring Water Level	
		Ci Air Line Electric Meas	rcle one	
Static Water Level (A):Feet B				
Pumping Water Level (B):Feet Be		Other (specify):		
Drawdown [(B) - (A)]: Feet Be		For flowing well, measured shu	tt in head:	
Test Pumping Rate:G	allons Per Minute	Well yielded		
Duration of Pump Test (minimum 4 hours):				
		reet after	bours of pumpir	
This is for (circle one): New Well				
	Replacement of Exist	ing Pump Repair of Exis	sting Pump	
UEBEDY OF DESCRIPTION				
HEREBY CERTIFY that the above statemen	ts are true to the best of	ny mowerize.		
Tacifick M. Chism 069	5	Yow		
rint Name of Pump Installer and License No.	(if applicable)	Signature of Pump Insta	iller	

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