County:Bolivar			
Permit#: 6W4/6/3 Irrigation Equipment			
Driller:	3-17-07		

State Well Report
Part 1
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Legister MS 2009 0631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

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

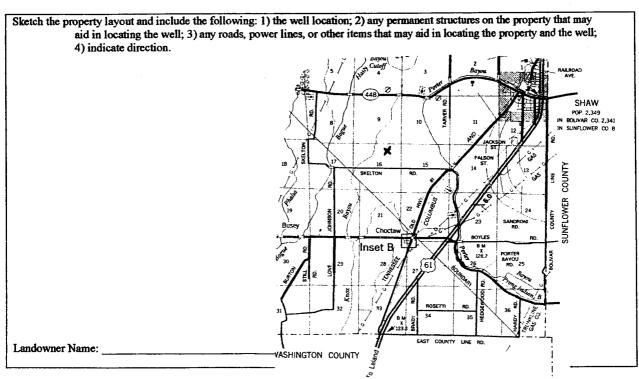
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed with the Department within			
Well Owner Information	Well Location			
Owner Name George Vanlandingham	Latitude: 33 35,00 , 6 Longitude: 90, 49, 13, 6			
Mailing Address: 44 Brown Road	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
	NW 1/4 NE 1/4 Sec 16 Twn 20N Rng 6W			
Leland MS 38756 City State Zip Code  662-686-7380 Telephone No. (	Distance Direction Nearest Town  2 Miles North of Choctaw			
Well I	Data			
Purpose of Well (circle one) Home Industrial Public Supply ( Date well drilling started: 3-17-07 Date w  If flowing, method of flow regulation: Valve Other (de Static Water Level: feet above or below (circle one) la Method of Measurement (circle one) steel tape electric tape	vell drilling completed: 3-17-07 escribe) and surface Date measured:			
Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet  Type of grout (circle one): Cement Bentonite Mix				
Casing length: 86 feet Casing diameter: 12	inches Type of casing: PVC160			
Screen length: 40 feet Screen diameter. 12	inches Type of screen: PVC160			
Screen slot size: inches Setting depth: From	87feet_to126feet			
Type of completion (circle all applicable): Gavel packed Undersonate Other (describe):	reamed Telescoped Open hole Natural Development			
· · · · · · · · · · · · · · · · · · ·	lescoped 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 a	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	Patrus M CC			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

T-

Ground Level

Description of Formations Encountered	From	To
Clay	0	28
	29	45
Fine Sand Fine Sand/gravel Med. Sand/gravel	46	59
Med. Sand/gravel	60	126
	<b>.</b>	
	T	
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	<b> </b>	
L	<u> </u>	

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



Signature of Water Well Contractor

# STATE WELL REPORT

# County: Bolivar Pennit # 6 4 4 5 Irrigation Equipment Driller: 3-17-07

# 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

For Office Use Only:		
Aquifer:		
Well#:	T-190	
Elevation	a:	

Date completed: 3-17-07	(601)961-5210 (601)354-6938 (fax) 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: George Vanlandingham	Latitude: Longitude:				
Mailing Address: 44 Brown Road	Method of Lat/Long (circle one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
Leland MS 38756	¼¼ Sec 16 _Twn_ 20N_Rng 6W				
City State Zip Code	Distance Direction Nearest Town				
Telephone No. ()	2 Miles North of Choctaw				
Pump Type Circle one	Power Type Circle one				
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas				
Bucket Piston Turbine	Electric Motor Hand Tractor PTO				
Centrifugal Rotary Flowing Well	Windmill Other (specify):				
Other (specify):	Horse Power Rating of Motor: 60				
Date Pump Installed: 3-19-07	Setting Depth: 60 feet				
Rated Pump Capacity:Gallons Per Min	Number of Stages:				
Pump Test Data	Method of Measuring Water Level Circle one				
Date Well Tested:					
Static Water Level (A):Feet Below Land Sur	Air Line Electric Measuring Line Steel Tape face				
Pumping Water Level (B):Feet Below Land Surf	Other (specify):				
Drawdown [(B) - (A)]:Feet Below Land Surf	For flowing well, measured shut in head:feet				
Test Pumping Rate: Gallons Per Min	ute Well yieldedGPM with a drawdown of				
Duration of Pump Test (minimum 4 hours):ho	ursfeet afterhours of pumping				

I HEREBY CERTIFY that the above statements are true to the best	t of my knowledge.	
Patrick M. Chism 0695	Patril M (Q	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

STULVAR