

*Bolivar*

County: Washington  
 Permit #: GW42297  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 12-6-07

**State Well Report**  
**Part I**

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 #: 7-197  
 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>George Vanlandingham</u>	Latitude: <u>33.34.58.7</u> Longitude: <u>90.49.41.8</u>
Mailing Address: <u>44 Brown Road</u>	Method of Loc. (circle one): <u>Conventional Survey</u>
<u>Leland</u> <u>Ms.</u> <u>38756</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 16</u> Twn <u>20N</u> Rng <u>6W</u>
Telephone No. ( ) _____	SE Distance Direction Nearest Town <u>2</u> Miles <u>North</u> of <u>Choctaw</u>

Well Data Pivot

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

Date well drilling started: 12-6-07 Date well drilling completed: 12-6-07

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

Static Water Level: 25 feet above of below (circle one) land surface Date measured: 12-8-07

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

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

Screen slot size: .050 inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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

*Patrick M. Chism*  
 Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

T-197

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	20
Fine Sand	21	36
Fine Sand + Gravel	37	56
Medium Sand + Gravel	57	109
Fine Sand + Gravel	110	113
Medium Sand + Gravel	114	121
.050	115	121
.050	77	109

-Blanked

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: George Vanlandingham

*Paul*

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60' WAW

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: T-197

Elevation: \_\_\_\_\_

County: Washington  
Permit #: \_\_\_\_\_  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date completed: 12-6-07

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: George Vanlandingham  
Mailing Address: 44 Brown Road  
Leland Ms. 38756  
City State Zip Code

Telephone No. ( ) \_\_\_\_\_

### Well Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
Method of Lat/Long (circle one): Conventional Survey,  
USGS quad, Hand-held GPS, Survey-grade GPS  
SW 1/4 NW 1/4 Sec 16 Twa 20N Rng 6W  
Distance Direction Nearest Town  
2 Miles North of Choctaw

### Pump Type Circle one

Air Lift Jet Submersible  
Bucket Piston Turbine  
Centrifugal Rotary Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 12-8-07

Rated Pump Capacity: \_\_\_\_\_ 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: 100

Setting Depth: 50 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  
Other (specify): \_\_\_\_\_  
For flowing well, measured shut in head: \_\_\_\_\_ feet  
Well yielded \_\_\_\_\_ GPM with a drawdown of  
\_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

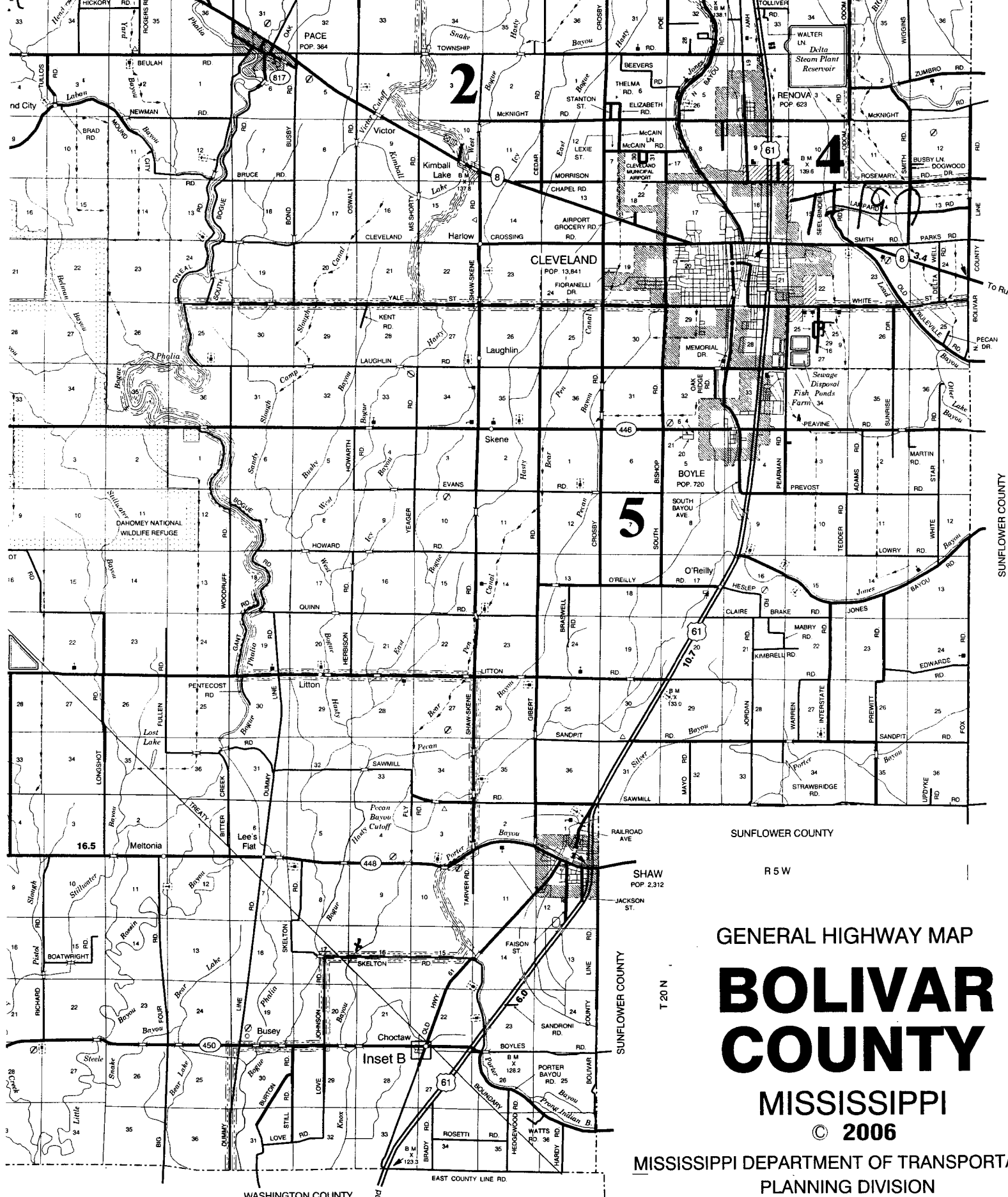
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick M. Chism 0695

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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DEC 7 2007  
BY OLWA



GENERAL HIGHWAY MAP  
**BOLIVAR COUNTY**

MISSISSIPPI  
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MISSISSIPPI DEPARTMENT OF TRANSPORTATION  
 PLANNING DIVISION

IN COOPERATION WITH THE  
 U.S. DEPARTMENT OF TRANSPORTATION  
 FEDERAL HIGHWAY ADMINISTRATION

TRANSVERSE MERCATOR PROJECTION,  
 STATE PLANE COORDINATE SYSTEM 1983

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