State W	/ell Report	
County: Washington Part 1-I	Driller's Log	For Office Use Only:
Mississippi Departmer	Mississippi Department of Environmental Quality	
	Office of Land and Water Resources P.O. Box 2309	
Jacksor	n, MS 39225	Well #: <u>C124</u> L. S. Elevation:
	961- 5210 1- 5228 (fax)	
State Law requires that this report be prepared by the lic	ansa haldar rasnansibla for t	E-log #:
Department at the above address within 30 days of com	pletion of drilling of the well	or borehole.
Information on Well Owner (Landowner if borehole is not for a water well)		rehole Location
	Latitude: 33 . 26 . 14.4	" Longitude: <u>90 ° 50 ,53.8</u>
Owner Name Vanlandingham Farms	28 Method of Lat/Long (circle on	1
Mailing Address: 44 Brown Road		
		GPS, Survey-grade GPS
Leland Ms. 38756 City State Zip Code	NE 1/2 NE: Sec 30	Twn 19N Rng 6W
City State Zip Code	Distance Direction	Nearest Town
Telephone No. ()		DI LEIGNC
Well / Bord	hale Dete	
Date drilling started: 7-22-11 Date drilling completed: 7-22		Hole diameter: 18"
Location of the source of any surface water used for drilling: <u>S</u> Method of dosing and volume of Chlorine used in drilling and deve	Surface Water lopment: <u>50 PPM</u>	
Logs run (circle all applicable) No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron	Other:
Purpose of borehole (check one): Water Well Geotechnical/Geol	logical Investigation Ground	Source Heat Pump
Seismic SurveyOther (describe If drilling is not related to water well construction		ock
Purpose of Well (check one): Home Industrial Public Supply	yIrrigationFish Culture_	Other:
If a flowing well, method of flow regulation: Valve O	Other (describe)	
Static Water Level: <u>29</u> feet above or below (circle one)	land surface Date measured:_	7-22-11
Method of Measurement (circle one) steel tape electric tape		
Well depth: <u>122</u> Well grouted to a depth of <u>10</u> feet Type	e of grout (circle one): Neat Cem	ent Bentonite Mix
Casing length: <u>82</u> feet Casing diameter: <u>10</u>	inches Type of casing:	
Screen length: <u>40</u> feet Screen diameter: <u>10</u>	inches Type of screen:	PVC
Screen slot size:	<u> </u>	<u>22</u> feet
Type of completion (circle all applicable): Gravel packed Under	rreamed Telescoped Open	hole Natural Development
Other (describe):		
Top of lap pipe or reduction in casing:feet. If te	lescoped or more than one scree	en, describe on next page

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

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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)

C14	C II I I I I I I I I I I I I I I I I I		
Clay	Ground Level	20	
Fine Sand	21	42	
Fine Sand + Gravel Medium Sand + Gravel	43	56	
Medium Sand + Gravel	57	122	
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		5	

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: Vanlandingham Farms

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



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	ELL REPORT For Office Use Only:
Pump Installer	S Completion Report Aquifer:
Irrigation Equipment Mississippi Departme	nt of Environmental Quality
P.O.	Box 2309 Well #: A.4
(601	n, MS 39225 Elevation:
	1-5228 (fix)
This part of the report must be completed by a licensed water well report must be attached and both parts filed with the December of the second second second second second second	contractor or a licensed pump installer. A copy of Part 1 of the
report must be attached and both parts filed with the Department Well Owner Information	Well Location
Dwner Name: Vandlandingham Farms	Latitude:Longitude:
Mailing Address: 44 Brown Rd.	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Leland Ms. 38256 City State Zip Code	<u>NE % NE % Sec 30 T/9N R 6W</u>
Felephone No. ()	Distance Direction Nearest Town
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):	
Date Pump Installed: 7-22-11	Setting Depth:feet
Rated Pump Capacity: //50 ± Gallons Per Minute	Number of Stages:
r Pump Test Data	Method of Measuring Water Level
Date Well Tested:	Circle one
Static Water Level (A):Feet Below Land Surface	
Pumping Water Level (B): Feet Below Land Surface	Other (specify):
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate:Gallons Per Minute	Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping
This is for (circle one): New Well Replacement of Ex	isting Pump Repair of Existing Pump
HEREBY CERTIFY that the above statements are true to the best	
Patrick M. Chism 0695	DI MY CONCLUS
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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