

*Bellevue Washington*

### 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

Applic: \_\_\_\_\_  
Well #: U139  
L.S. Elevator: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Washington  
Permit #: GW42296  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 12-6-07

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>George Vanlandingham</u>	Latitude: <u>33.31344</u> Longitude: <u>90.50015</u>
Mailing Address: <u>44 Brown Road</u>	Method of Location (circle one): <u>Conventional Survey</u>
	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Leland</u> <u>Ms.</u> <u>38756</u>	<u>SW 1/4 Sec 33 Twn 20N Rng 6W</u>
City State Zip Code	<u>NE NE CS TN</u>
Telephone No. ( ) _____	Distance <u>2</u> Miles <u>South of Chocoma</u>

RECEIVED

Well Data Pivot DEC 18 2007

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: 26' feet above or below (circle one) land surface Date measured: 12-7-07

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 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

*U139*

C139

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	19
Fine Sand	20	36
Fine Sand + Gravel	37	51
Medium Sand + Gravel	52	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: George Vanlandingham



# 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:

Agency: \_\_\_\_\_  
 Well #: 0139  
 Elevator: \_\_\_\_\_

County: Washington  
 Purpose: \_\_\_\_\_  
 Irrigation Equipment  
 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.

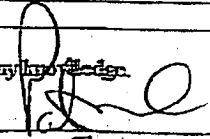
Well Owner Information	Well Location
Owner Name: <u>George Vanlandingham</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>44 Brown Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Leland</u> <u>Ms.</u> <u>38756</u>	USGS quad, Base-aid GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 33 Twa 20N Rng 6W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>2</u> miles <u>South</u> of <u>Choctaw</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="radio"/> Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horiz. Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>12-7-07</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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