State W	ell Report	For Office Use Only:
	Part 1	
Mississippi Departmen	Mississippi Department of Environmental Quality	
Trrigation Equipment	Office of Land and Water Resources P.O. Box 10631	
r with the second se	IS 39289-0631	L. S. Elevation:
Date drilling completed: $\frac{9-22-04}{(601)}$	961-5210	
(001)55	4-6938 (fax)	B-log #:
State Law requires that this report be prepared by the	driller in detail and filed w	ith the Department within
30 days of completion of drilling of the well.	·	
Well Owner Information		Location
Owner Name_ Lan Burns	34 45 21N Latitude:	90 12 05W
Mailing Address: Box 160		-
	Method of Lat/Long (circle or	c): Convendonal Survey,
· · · · · · · · · · · · · · · · · · ·	USGS quad, Hand-held	GPS, Survey-grade GPS
Lake Cormorant, MS 38641	NW 14 SW 14 Sec 6	Twn 4S Rng 9W
City State Zip Code		
662-781-4551 Telephone No. ()		Nearest Town of Hernando
Well I	Data	
Purpose of Well (circle one) Home Industrial Public Supply (Irrigation) Fish Culture	Other:
Date well drilling started: 9-22-04 Date	9	-22-04
•	· -	
If flowing, method of flow regulation: Valve Other (d	lescribe)	
Static Water Level:feet above or below (circle one)]	and surface Date measured;	9-27-04
	air line other:	
Hole depth: Well depth:	_ Well grouted to a depth of _	feet
Type of grout (circle one): Cement Bentonite Mix	·	
Casing length: <u>57</u> feet Casing diameter: <u>16</u>	inches Type of casing:	PVC Sch.40
60 16	muches Type of casing:	PVC Sch 40
Screen length:feet Screen diameter:	inches Type of screen:	PVC Sch.40
Screen slot size: <u>.050</u> inches Setting depth: From _		117 feet
Type of completion (circle all applicable): Gravel packed Under	•	
Other (describe):		
Top of lap pipe or reduction in casing:feet. If te	lescoped or more than one scr	een, 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 Mississinni
Department of Environmental Quality and/or the Mississippi Dep		
Irrigation Equipment Inc.	\wedge / /	
Patrick M. Chism 0695	Patrick	M Chisi
Print Name of Water Well Contractor and License No.	Signature of	Water Welt Confactor IVED
		HEULIT
		OCT 1 1 2004
		BY: OLWR

.

·

3

.

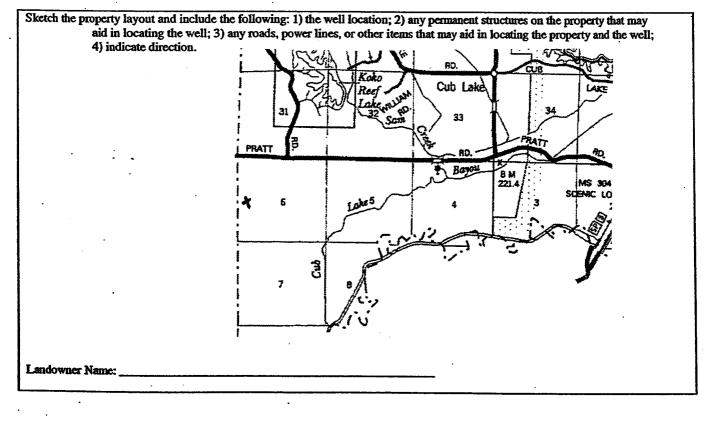
If well telescopes please sketch below and show depths.

Ground Level

J-120

Des	cription of Formations Encountered	From	То
Clay	· ·	0	38
Fine	Sand/gravel	39.	45
Med.	Sand/gravel	46	1121
Clay	· · · ·	113	8117
	_		
	· · · · · · · · · · · · · · · · · · ·		
	· · · · ·		
	•		
	· · · · · · · · · · · · · · · · · · ·		

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



Signature of Water Well Contractor

County: Des		Pump Installe	ELL REPORT Part 2 r's Completion Report ent of Environmental Quality	For Office Use	Only:
Irrigatio Driler: Date completed:	9-27-04	t P.O. Jackson, (601):	d and Water Resources 9. Box 10631 1. MS 39289-0631 1. J961-5210 354-6938 (fax) xail and filed with the Departme	Aquifer: Well #:	
installation of			-	Location	
Owner Name: Lan Burns Mailing Address: Box 160		Latitude:Longitude:			
-	Lake Corm City Sta 662-781-45	te Zip Code	<u>NW 1/4 SW 1/4 Sec 6</u>	-beld GPS, Survey-grav Twn_4SRng Nearest Town	le GPS
Pum p Type Circle one			wer Type rele one		
Air Lift	Jet	Submersible	Diesel Engine Gasolin	e Engine Nati	ıral Gas
Bucket	Piston	Turbine	Electric Motor Hand	Trac	tor PTO
Centrifugal	Rotary	Flowing Well		specify):	
Other (specify):			Horse Power Rating of Motor:		
	d:9-27- ity:300	0 4 OGallons Per Minute	Setting Depth: Number of Stages:1		
Rated Pump Capac	Pump Test Da			asuring Water Level rcle one	
Rated Pump Capac	(A): <u>22'</u>			suring Line Steel	Tape
Rated Pump Capac Date Well Tested: Static Water Level Pumping Water Le Drawdown [(B) – ((A): <u>22'</u> vel (B):F A)]:F	Feet Below Land Surface	Ci Air Line Electric Meas	suring Line Steel	feet

•

•

I HEREBY CERTIFY that the above statements are true to the best o	f my kpowledge. /	
Patrick M. Chism 0695	Patrick M Chin	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

DCT 11 2004 BY: OLWR