

Desoto

County: ~~Desoto~~
 Permit #: _____
 Driller: _____
 Date drilling completed: 9/14/04

Well Driller Report and Well Log

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 #: J-146
 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>U.S. Army Corps of Engineers</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4155 E. Clay Street</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
<u>Vicksburg</u> MS <u>39183</u>	<u>SW</u> 1/4 <u>SW</u> 1/4 Sec <u>2</u> Twn <u>4S</u> Rng <u>9W</u>
City State Zip Code	Distance <u>Top of Akaha both Dam near service Bridge</u> Direction Nearest Town
Telephone No. <u>(601) 631-5410</u>	_____ Miles _____ of _____

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Picometer **8A-29**

Date well drilling started: 9-14-04 Date well drilling completed: 9-14-04

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

Static Water Level: 90.4 feet above or below (circle one) land surface Date measured: 9-15-04

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 112.0 Well depth: 109.0 Well grouted to a depth of _____ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 86.0 feet Casing diameter: 2 inches Type of casing: steel

Screen length: 23.0 feet Screen diameter: 2 inches Type of screen: steel

Screen slot size: 0.010 inches Setting depth: From 86 feet to 109 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.

James J. Sims 0-682
 Print Name of Water Well Contractor and License No.

James J. Sims
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

J-146

Ground Level

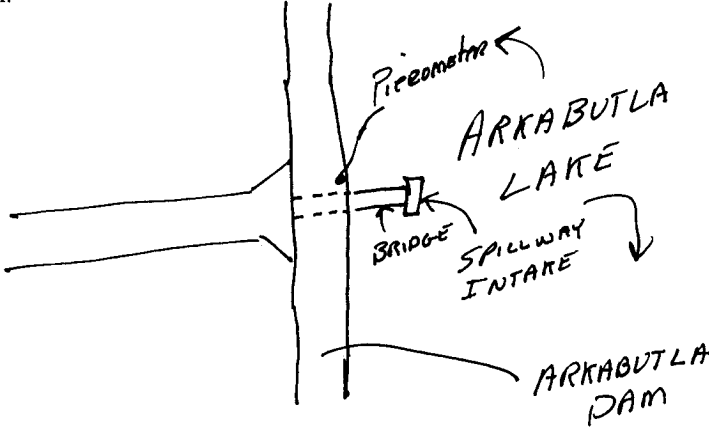
Description of Formations Encountered

From To

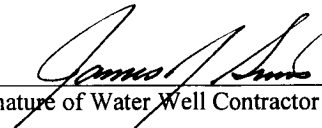
Description of Formations Encountered	From	To
Topsoil/Sand	0	3
Hard dk brown clay	3	90
Brown med to coarse sand	90	112

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: _____


Signature of Water Well Contractor

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