

Back chute well's #1  
State Well Report

County: WARREN COUNTY  
Permit #: \_\_\_\_\_  
Driller: J. NEWCOME  
Date drilling completed: 9-12-07

Part 1  
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 #: A-30  
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>CORP OF ENGINEERS</u>	Latitude: <u>32.31.10.7</u> , Longitude: <u>91.04.15.0</u>
Mailing Address: <u>455 CLAY ST.</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>VICKSBURG MS. 39183</u> City State Zip Code	USGS quad: <u>NE 1/4 NE 1/4 Sec 25 Twn 18N Rng 1E</u>
Telephone No: <u>601-631-5283</u>	Distance: <u>4</u> Miles Direction: <u>W</u> of Nearest Town: <u>EAGLE LAKE</u>

CORPS. OF ENGINEERS

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture  Other: RELIEF WELL

Date well drilling started: 9-12-07 Date well drilling completed: 9-12-07

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

Static Water Level: 2.5 feet above or below (circle one) land surface Date measured: 9-19-07

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

Hole depth: 103 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite  Mix

Casing length: 10 feet Casing diameter: 14 inches Type of casing: Stainless Steel

Screen length: 90 feet Screen diameter: 14 inches Type of screen: Stainless Steel

Screen slot size: .020 inches Setting depth: From 10 feet to 100 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.

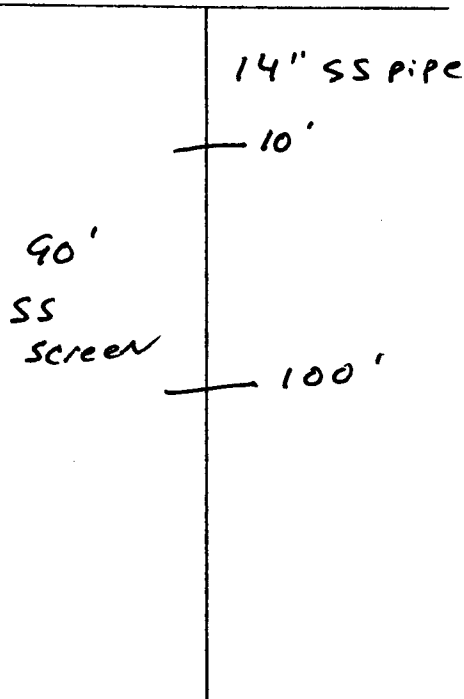
JOHN NEWCOME 0-773  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

**RECEIVED**  
SEP 28 2007  
CORP OF ENGINEER RELIEF WELL -  
NO PUMPS INSTALLED - NO PARTS BY: OLWR

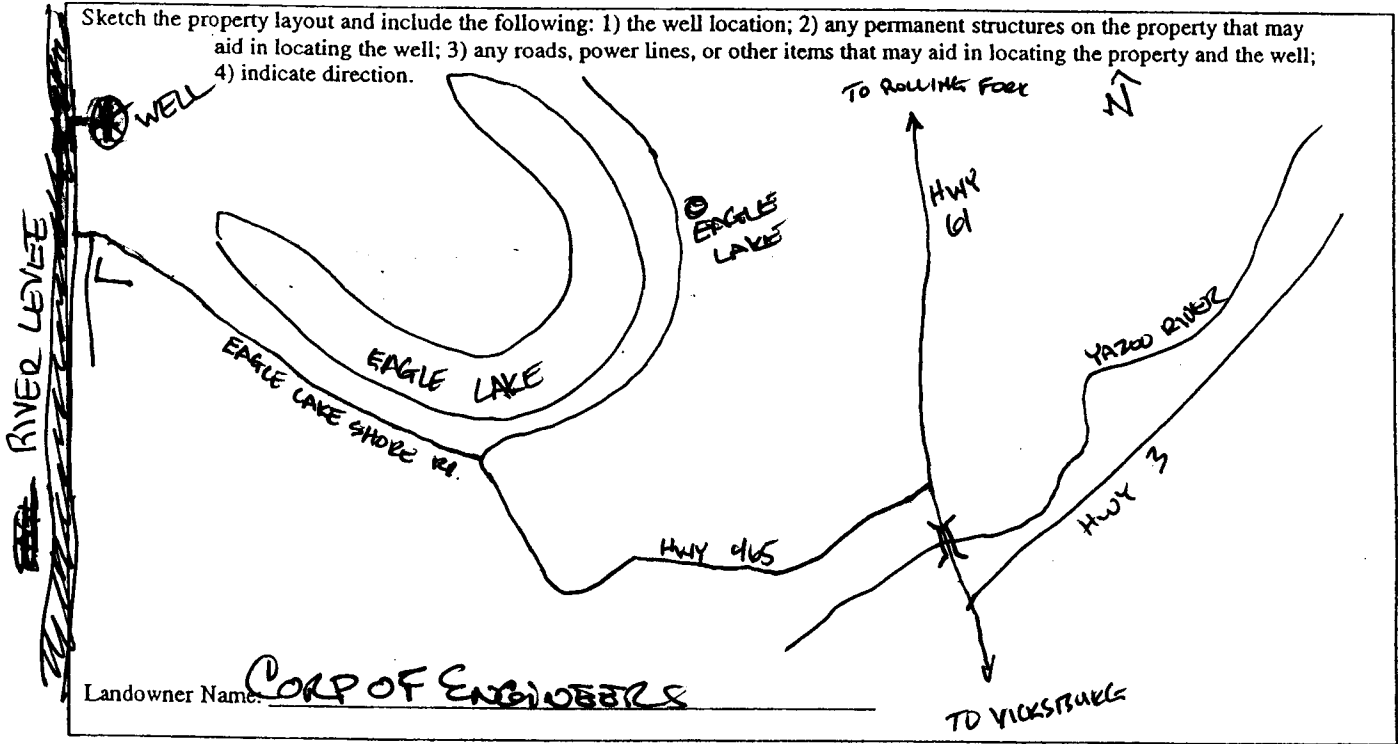
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
<del>TOP SOIL</del>	<del>0</del>	<del>10</del>
<del>MED FINE TO MED SAND</del>	<del>10</del>	<del>103</del>
TOP SOIL / CLAY	0	6
FINE SAND	6	25
MEDIUM MIX	25	103

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



Bob Newen  
Signature of Water Well Contractor