

Buck chote well # 2

# State Well Report

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-31  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: WARREN COUNTY  
Permit #: \_\_\_\_\_  
Driller: J. NEWCOME  
Date drilling completed: 9-13-07

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>CORP OF ENGINEERS</u>	Latitude: <u>32.31.11.6"</u> Longitude: <u>91.04.15.4"</u>
Mailing Address: <u>4155 CLAY ST.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>VICKSBURG, MS. 39183</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>25</u> Twn <u>18N</u> Rng <u>1E</u>
Telephone No. <u>601-631-5283</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>W</u> of <u>EAGLE LAKE</u>

CORPS. OF ENGINEERS  
LEVEE RELIEF WELL

Well Data

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

Date well drilling started: 9-13-07 Date well drilling completed: 9-13-07

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

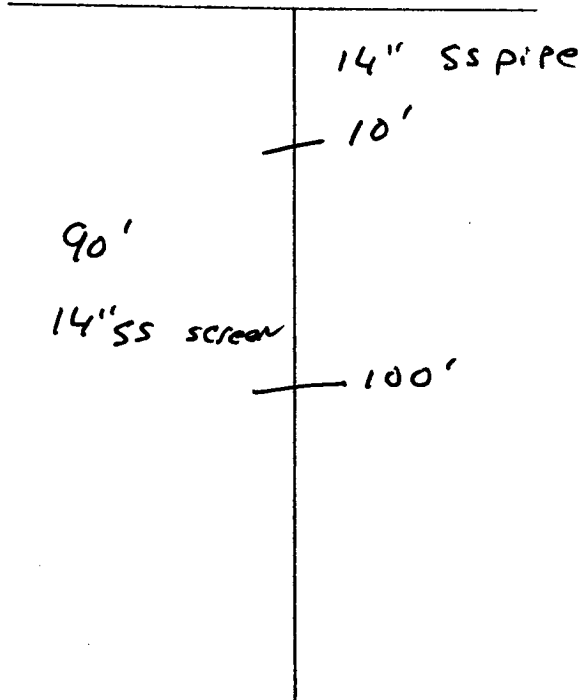
CORP OF ENGINEER WELL -  
NO PUMP INSTALLED -  
NO PART 2

RECEIVED  
SEP 28 2007  
BY: OLWR

A. 31

If well telescopes please sketch below and show depths.

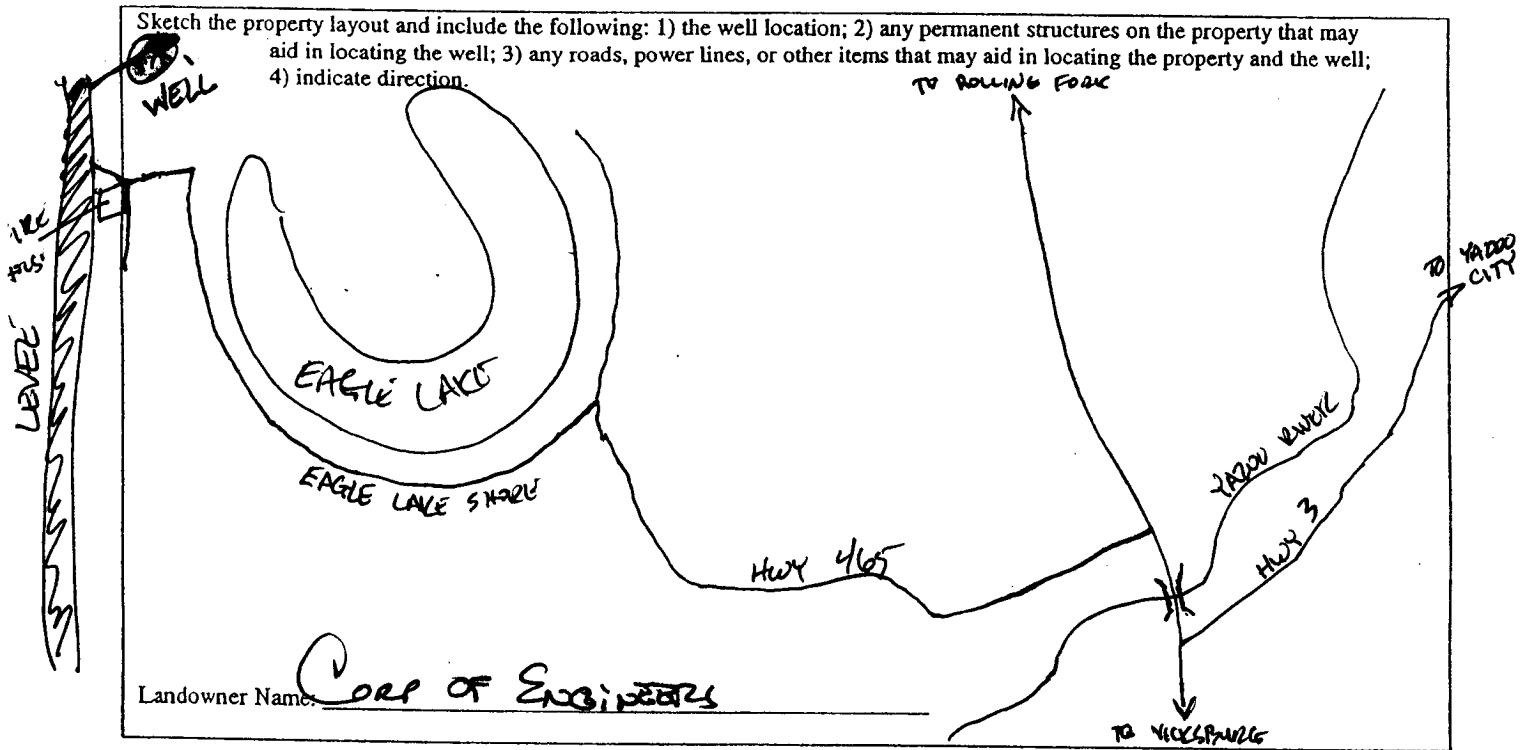
Ground Level



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	7
FINE SAND	7	25
MEDIUM MIX	25	40
MED / COARSE MIX	40	104

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.



*[Signature]*  
Signature of Water Well Contractor