

Back chute # 3
State Well Report

County: WARREN COUNTY
Permit #: _____
Driller: J. NEWCOME
Date drilling completed: 9-17-07

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-32
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' 10.9"</u> Longitude: <u>91° 04' 15.0"</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>EGLE LAKE</u>

Well Data CORP. OF ENG. LEVEE RELIEF WELL

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

Date well drilling started: 9-17-07 Date well drilling completed: 9-17-07

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 John Newcome
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

CORP OF ENGINEERS RELIEF WELL RECEIVED
NO PUMP INSTALLED
NO PART 2
SEP 28 2007
BY: OLWR

