Buck ohite " 3 **State Well Report** Part 1

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- 52
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 CORP OF ENCINEERS	Latitude: 32 . 31 . 10.9" Longitude: 91 . 04 . 15.0"		
Mailing Address: 4155 Chay ST.	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, (Hand-held GPS,) Survey-grade GPS		
VicksBurger MS. 37/83 City State Zip Code Telephone No. 2017631-5283	NE 14 DE 14 Sec 25 Twn IBN Rng E Distance Direction Nearest Town H Miles W of EAGLE LAKE		
Well I			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other: LEVEE RELIEF WELL		
Date well drilling started: 9-17-07 Date	well drilling completed: 9-17-07		
If flowing, method of flow regulation: Valve Other (c	lescribe)		
Static Water Level: 2.5 feet above or below (circle one)	land surface Date measured: 9-9-07		
Method of Measurement (circle one) steel tape	air line other:		
Hole depth: 103 Well depth: 100	Well grouted to a depth of feet		
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 10 feet Casing diameter: 14			
Screen length: 90 feet Screen diameter: 14	inches Type of screen: StainLess Steet		
Screen slot size: <u>. 020</u> inches Setting depth: From	10 feet to 100 feet		
Type of completion (circle all applicable): Gravel packed Unde	rreamed Telescoped Open hole Natural Development		
Other (describe):			
Top of lap pipe or reduction in casing:feet. If t	elescoped or more than one screen, describe on back of page		
Logs run (circle all applicable): No log run Electric Gamma Ra	y 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 Neware		
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		
A - 1			

CORP OF ENGINEERS RELIEF LUELL RECEIVED
NO PLING INSTALLED SEP 2 & 2007
NO PART Z
BY: OLWB

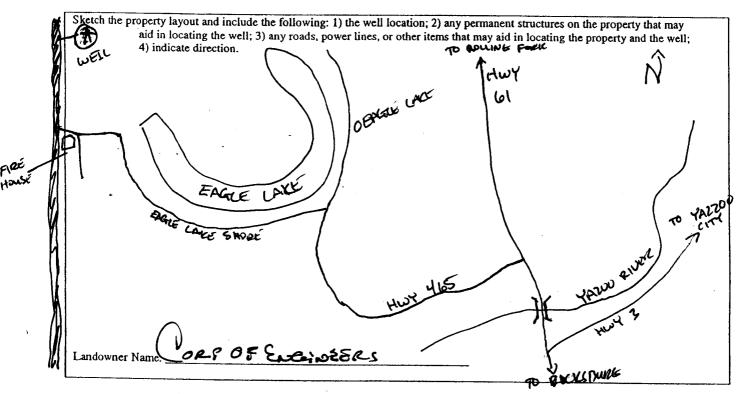
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level	T
	-14"ss pipe
90' 14" SS. Screen	100'

Description of Formations Encountered	From	To
		10
med fine & Aled Sand	10	10.5
		\square
	1	
	-	

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



Signature of Water Well Contractor