

Part 2 never received 3/13

Capstone #2  
State Well Report

For Office Use Only:  
 Aquifer: R 210  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: BOLIVAR  
 Permit #: GW43759  
 Driller: J. NEWCOME 0-773  
 Date drilling completed: 11-12-09

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)

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>Capstone Ptnrs</u>	Latitude: <u>33.32' 41" N</u> Longitude: <u>91° 01' 54" W</u>
Mailing Address: <u>PO Box 188</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>SCOTT, MS 38722</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>33</u> Twn <u>20N</u> Rng <u>8W</u>
Telephone No. <u>601 334-8069</u>	Distance <u>4</u> Miles Direction <u>SE</u> of Nearest Town <u>SCOTT</u>

**Well Data**

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

Date well drilling started: 11-12-09 Date well drilling completed: 11-12-09

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

Static Water Level: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 113 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 55-75 feet to 90-110 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 Signature of Water Well Contractor: [Signature]  
 Print Name of Water Well Contractor and License No. \_\_\_\_\_

NO PUMP SET

RECEIVED  
 DEC 13 2009  
 BY: OLWR

