

EMORY SKELTON - COUNTY LINE ROAD
MAENOLA TREE

Part 2 never received 4/13

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: A 221
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: GWA3762
Driller: J. NEWCOME 0-773
Date drilling completed: 11-18-09

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>33.31.48</u> Longitude: <u>091.02.49</u>
Mailing Address: <u>PO Box 188</u>	Method of Lat/Long (circle one): Conventional Survey
<u>SCOH MS 38722</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NW 1/4 NE 1/4</u> Sec <u>5</u> Twn <u>19N</u> Rng <u>8W</u>
Telephone No. <u>601 334-8069</u>	Distance Direction Nearest Town
	<u>7</u> Miles <u>N</u> of <u>GREENVILLE</u>

Well Data

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

Date well drilling started: 11-18-09 Date well drilling completed: 11-18-09

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: 107 Well depth: 105 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: 35 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 50-60 feet to 70-90 feet to 100-105 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.

John Newcome
Signature of Water Well Contractor

NO pump set

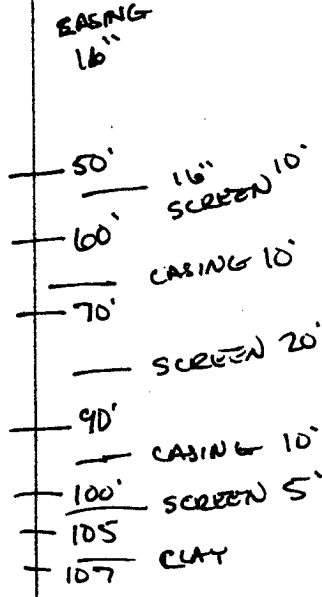
RECEIVED

DEC 18 2009

BY: OLWR

If well telescopes please sketch below and show depths.

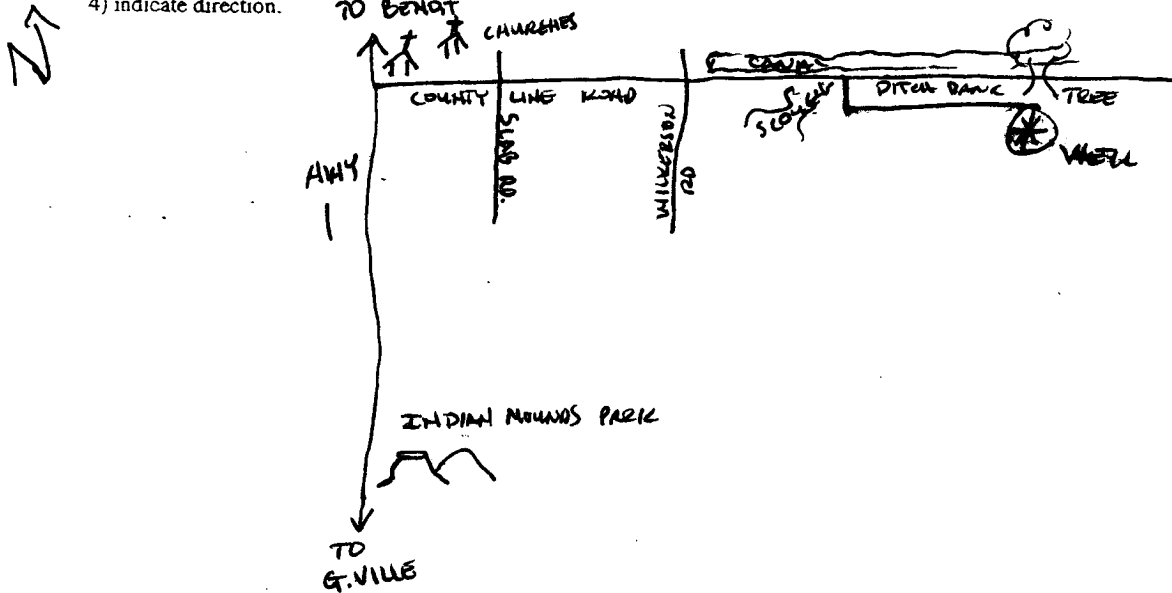
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
FINE SAND	10	40
FINE/FAIR SAND	40	50
FAIR	50	60
FINE/CLAY MIX	60	70
FAIR/GOOD	70	90
FINE SAND	90	100
GOOD SAND/GRAVEL	100	105
CLAY BOTTOM	105	107

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.



Landowner Name: _____

John Newcomer
 Signature of Water Well Contractor