

Skelton

State Well Report

Part I

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:	<u>A222</u>
Well #:	_____
L. S. Elevation:	_____
E-log #:	_____

Part 2 never received
4/13

County: WASHINGTON
Permit #: GW43763
Driller: J. HEWCOME 0-773
Date drilling completed: 11-12-09

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.

<p>Well Owner Information</p> <p>Owner Name: <u>Capstone PTHRS</u> Mailing Address: <u>PO Box 188</u> <u>SCOTT MS 38722</u> City State Zip Code Telephone No.: <u>602 334-8069</u></p>	<p>Well Location</p> <p>Latitude: <u>33° 30' 59"</u> Longitude: <u>91° 03' 06"</u> Method of Lat/Long (circle one): Conventional Survey. USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS ✓ <u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>8</u> ✓ Twn <u>19N</u> Rng <u>8W</u> ✓ Distance Direction Nearest Town <u>5.5</u> Miles <u>N</u> of <u>GREENVILLE</u></p>
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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: 103 Well depth: 100 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 60 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 60 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 HEWCOME 0-773 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

NO PUMP SET

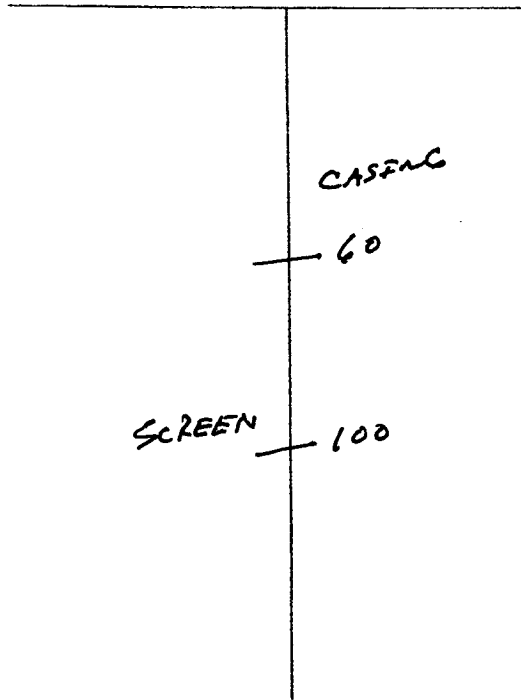
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DEC 18 2009

BY: OLWR

If well telescopes please sketch below and show depths.

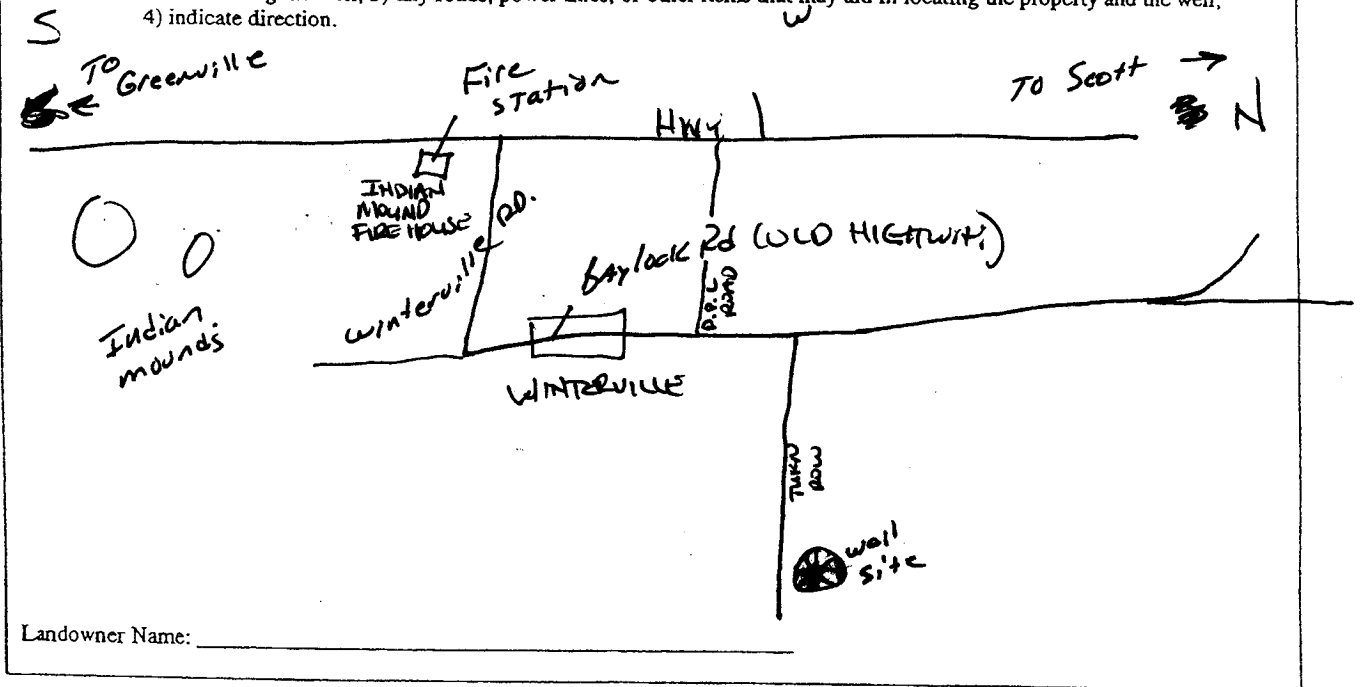
Ground Level _____



Description of Formations Encountered	From	To
TOP SOIL	0	10
CLAY - Sand mix	10	40
FINE Sand	40	60
med. COARSE Sand	60	80
COARSE sand	80	100
Gray CLAY	100	103

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 Newen
Signature of Water Well Contractor