

County: ADAMS

Permit #: MS-6W-16392

Driller: LAYNE-CENTRAL

Date Drilling Completed: 8/9/96

**Well Driller Report and Well Log**  
 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 #: F0142

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.*

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>INTERNATIONAL PAPER COMPANY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO BOX 311</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>NATCHEZ</u> <u>MS</u> <u>39120</u>	USGS quad, Hand-Held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>10</u> Twn <u>6N</u> Rng <u>3W</u>
Telephone No. ( <u>601</u> ) <u>445-1000</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>SOUTH</u> of <u>NATCHEZ</u>

**Well Data**

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

Date well drilling started: 8/7/96 Date well drilling completed: 8/9/96

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

Static Water Level: 115 feet  above or below (circle one) land surface Date Measured: 8/14/96

Method of Measurement (circle one) steel tape electric tape  air line Other: --

Hole depth: 253' Well depth: 253' Well grouted to a depth of: 200' feet

Type of grout (circle one):  Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 20 inches Type of casing: STEEL

Screen length: 50 feet Screen diameter: 20 inches Type of screen: STAINLESS STEEL

Screen slot size: 0.040 inches Setting depth: From 200 feet to 250 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: N/A 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 applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations and state laws.

DAVE COOK 692  
 Print Name of Water Well Contractor and License No.

  
 Signature of Water Well Contractor

RECEIVED  
 MAR 23 2007  
 BY: OLWR



# State Well Report

## Part 2

**Pump Installer's Completion Report**  
 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:

County: ADAMS  
 Permit #: MS-6W-16392  
 Driller: LAYNE-CENTRAL  
 Date Completed: 8/9/96

Aquifer: \_\_\_\_\_  
 Well #: F1A2  
 Elevation: \_\_\_\_\_

**This part of the report must be completed by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.**

Well Owner Information	Well Location
Owner Name <u>INTERNATIONAL PAPER COMPANY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO BOX 311</u>	Method of Lat/Long (check one):      Conventional Survey _____
<u>NATCHEZ</u> <u>MS</u> <u>39120</u>	USGS quad _____ Hand-Held GPS _____ Survey-grade GPS _____
City                                  State      Zip Code	_____ ¼ _____ ¼    Sec <u>10</u> T <u>6N</u> R <u>3W</u>
Telephone No. ( <u>601</u> ) <u>445-1000</u>	Distance                      Direction                      Nearest Town
	<u>1</u> Miles <u>SOUTH</u> of <u>NATCHEZ</u>

Pump Type Circle One	Power Type Circle One
Air Lift                      Jet                      Submersible	Diesel Engine              Gasoline Engine              Natural Gas
Bucket                      Piston <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor              Hand                      Tractor PTO
Centrifugal                  Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>150</u>
Date Pump Installed: <u>8/14/96</u>	Setting Depth: <u>205</u> feet
Rated Pump Capacity <u>    </u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>8/14/96</u>	<input checked="" type="checkbox"/> Air Line              Electric Measuring Line              Steel Tape
Static Water Level (A): <u>115</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>    </u> feet
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	Well yielded <u>1700</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	<u>28</u> feet after <u>2</u> hours of pumping

I hereby certify that the above statements are true to the best of my knowledge.

**DAVE COOK**

**692**

Print Name of Pump Installer and License No. (if applicable)



Signature of Pump Installer

RECEIVED  
 MAR 23 2007  
 BY: OLWF