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County: Grenada
 Permit #: 6016414
 Driller: RATLFF water well
 Date drilling completed: 7-31-08

State Well Report
Part 1 - Driller's 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 #: B-105
 L. S. Elevation: _____
 F-log #: _____

State law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Abitibi bowater</u> Mailing Address: <u>1000 Papermill Rd</u> <u>Grenada MS 38901</u> City State Zip Code Telephone No. (662) <u>227-7989</u>	Latitude: <u>33° 50' 03"</u> Longitude: <u>89° 48' 56"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 1/4 Sec <u>30</u> Twn <u>23N</u> Rng <u>5E</u> Distance Direction Nearest Town <u>2</u> Miles <u>N</u> of <u>Grenada</u>
Well / Borehole Data	
Date drilling started: <u>7-10</u> Date drilling completed: <u>7-31</u> Hole depth: <u>240'</u> Hole diameter: <u>22"</u> Location of the source of any surface water used for drilling: <u>water from plant</u> Method of dosing and volume of Chlorine used in drilling and development: _____ Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____ Name of organization running log(s): <u>MIS Geo. Survey</u> Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>4'</u> feet above or below (circle one) land surface Date measured: <u>8-1-08</u> Method of Measurement (circle one) steel tape <input checked="" type="checkbox"/> electric tape <input type="checkbox"/> air line other: _____ Well depth: <u>220'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Casing length: <u>160</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u> Screen length: <u>60</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>20</u> inches Setting depth: From <u>160</u> feet to <u>220</u> feet Type of completion (circle all applicable): Gravel packed <input checked="" type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

Permit Landowner:
 Bowater Newsprint South, Inc
 PO Box 849
 Grenada, MS 38902

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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)

County: Grenada
 Permit #: GW 16414
 Driller: Robert Rattiff water well
 Date completed: 8-6-08
 Copy information from black on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: B-105
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Abitibi Banister</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1000 Papermill Rd</u>	Method of Locating (check one): Conventional Survey _____
<u>Grenada MS 38901</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>30 T 23N R 5E</u>
Telephone No. <u>(662) 227-7789</u>	Distance Direction Nearest Town
	<u>2 Miles N of Grenada</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>75hp</u>
Date Pump Installed: <u>8-5-08</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>1 stage</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-6-08</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>4</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>99</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>95</u> Feet Below Land Surface	Well yielded <u>2000</u> GPM with a drawdown of
Test Pumping Rate: <u>2000</u> Gallons Per Minute	<u>95</u> feet after <u>2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>2</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Robert Rattiff 0-0002 Robert Rattiff
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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