

County: Lawrence  
 Permit #: MS-6U-16904  
 Driller: Waterwell Services  
 Date drilling completed: 10-7-11

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer: MOCN  
 Well #: 042  
 L. S. Elevation: 202  
 E-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>Monticello Forest Products</u>	Latitude: <u>31.37.4.15</u> Longitude: <u>90.6.4.69</u>
Mailing Address: <u>465 Standifer Hwy</u>	Method of Lat/Long (circle one): <u>USGS quad</u> Hand-held GPS, Survey-grade GPS
<u>Monticello, MS 39654</u>	<u>1/4 IR 1/4 Sec 33</u> Twn <u>8N</u> Rng <u>11E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 587-2516</u>	<u>6</u> Miles <u>N/E</u> of <u>Monticello, MS</u>

from quad & aerial photo of facility using the project plans from the engineer

**Well / Borehole Data**

Date drilling started: 9-12-11 Date drilling completed: 10-6-11 Hole depth: 270 Hole diameter: 8"

Location of the source of any surface water used for drilling: well water

Method of dosing and volume of Chlorine used in drilling and development:

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Log from well #1

Name of organization running log(s):

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump

Seismic Survey  Other (describe):

*If drilling is not related to water well construction, skip the remainder of this block*

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

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

Static Water Level: 5 feet above or below (circle one) land surface Date measured: 10-7-11

Method of Measurement (circle one) steel tape Electric tape air line other:

Well depth: 270 Well grouted to a depth of 200 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 8 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 6" inches Type of screen: Stainless steel

Screen slot size: 0.08 inches Setting depth: From 202 feet to 262 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: 142 feet *If telescoped or more than one screen, describe on next page*

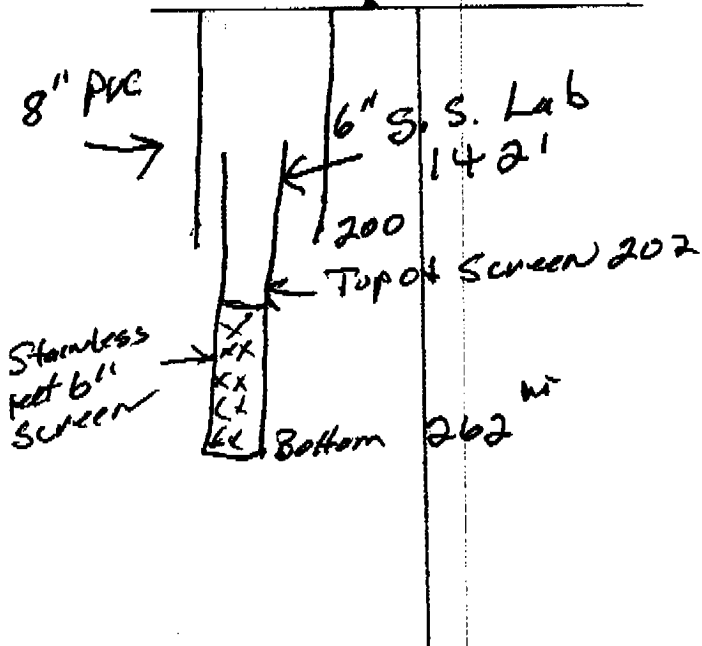
Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level

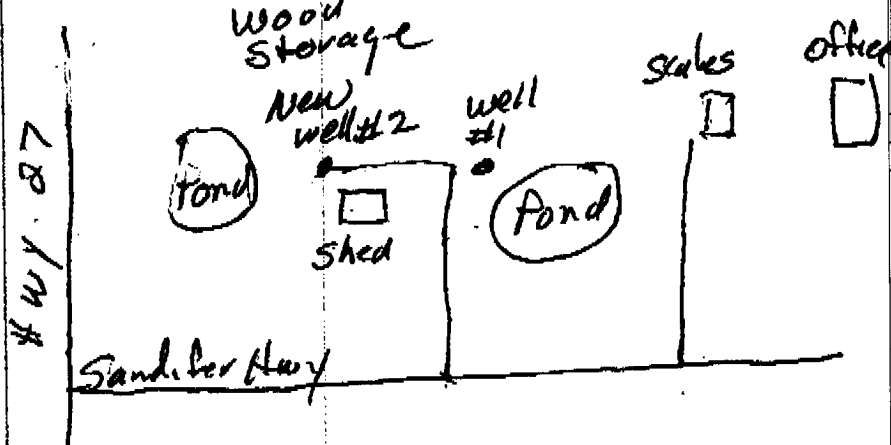


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Sand	0	35
Clay	35-	202
Sand Course	202	265

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) a north arrow.



Landowner Name: Monticello Forest Products

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Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state law.

Arnold Fincher

10-3-12

Arnold Fincher

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

### STATE WELL REPORT

#### Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Lawrence  
 Permit #: MS-6W-16904  
 Driller: Water Well Services  
 Date completed: 10-11-11  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: MOCN  
 Well #: D42  
 Elevation: 202

*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>Monticello Forest Products</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>405 Shandor Hwy</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Monticello, Ms 39054</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(601) 587-2516</u>	Distance _____ Miles Direction _____ of _____ Nearest Town _____

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <u>Electric Motor</u>	Hard Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>10-9-11</u>	Setting Depth: <u>84</u> feet
Rated Pump Capacity: <u>400</u> Gallons Per Minute	Number of Stages: <u>2 BA</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>10-9-11</u>	Circle one
Static Water Level (A): <u>5</u> Feet Below Land Surface	Air Line <u>Electric Measuring Line</u> Steel Tape
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>400</u> Gallons Per Minute	Well yielded <u>400</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	<u>40</u> feet after <u>8</u> hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Arnold Fincher 0598 Arnold Fincher  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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