

Well #1

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: _____
Well #: H58
L. S. Elevation: _____
E-log #: _____

County: Perry
Permit #: _____
Driller: David West
Date drilling completed: 5-19-09

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>Levee River Cellulose</u> | Latitude: <u>31.12.30"</u> Longitude: <u>89.02.30"</u> |
| Mailing Address: <u>P.O. Box 759</u> <u>Taylorville MS 39168</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code _____ | <u>NE</u> 1/4 <u>NW</u> 1/4 Sec. <u>18</u> Twn <u>3N</u> Rng <u>10W</u> |
| Telephone No. <u>(601) 785-4721</u> | Distance <u>5</u> Miles Direction <u>N</u> of Nearest Town <u>New Augusta</u> |

Well Data

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

Date well drilling started: 5-19-09 Date well drilling completed: 5-19-09

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 240' Well depth: 240' Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 220 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .004 inches Setting depth: From 220 feet to 240 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.

David West 0672
Print Name of Water Well Contractor and License No.

David West
Signature of Water Well Contractor

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: Perry
 Permit #: _____
 Driller: David West
 Date completed: _____

For Office Use Only:
 Aquifer: _____
 Well #: H58
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>Leaf River Cellulose</u> | Latitude: <u>31°12'30"</u> Longitude: <u>89°09'30"</u> |
| Mailing Address: <u>P.O. Box 759</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Tylersville MS 39168</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>NW 1/4 NW 1/4 Sec 18 Twn 3N Rng 10W</u> |
| Telephone No. <u>(601) 785-4721</u> | Distance Direction Nearest Town |
| | <u>1 Miles N of New Augusta</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>5</u> |
| Date Pump Installed: <u>5-26-09</u> | Setting Depth: <u>RD</u> feet |
| Rated Pump Capacity: <u>85</u> Gallons Per Minute | Number of Stages: _____ |

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

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

David West 0670
 Print Name of Pump Installer and License No. (if applicable)

David A. White
 Signature of Pump Installer