

Wx 4 #2

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 #: H59
 L. S. Elevation: _____
 E-log #: _____

County: Pearl River
 Permit #: _____
 Driller: David West
 Date drilling completed: 5-20-09

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>Leaf River Cellulose</u>	Latitude: <u>31° 12' 30"</u> Longitude: <u>89° 02' 30"</u>
Mailing Address: <u>P.O. Box 759</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Taylorville MS 39168</u>	<u>NE 1/4 NW 1/4 Sec 18 Twn 3N Rng 10W</u>
City State Zip Code	<u>3N 19</u>
Telephone No. <u>(601) 785-4721</u>	Distance Direction Nearest Town <u>1 Miles N of New Augusta</u>

Well Data

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

Date well drilling started: 5-20-09 Date well drilling completed: 5-20-09

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 5-20-09

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: PSE

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

Screen slot size: 003 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 0-692 _____
 Print Name of Water Well Contractor and License No. 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: 5-20-09

For Office Use Only:
 Aquifer: _____
 Well #: 1159
 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> Mailing Address: <u>P.O. Box 759</u> <u>Taylorville MS 39168</u> City State Zip Code Telephone No. <u>(601) 785-4721</u>	Latitude: <u>31° 12' 30"</u> Longitude: <u>89° 01' 30"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 18 Twn 3N Rng 10W</u> Distance Direction Nearest Town <u>1 Miles N of New Augusta</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>5-26-09</u> Rated Pump Capacity: _____ Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>80</u> feet Number of Stages: _____

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

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

David West 0707 David A. West
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer