

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 #: Q 55
L. S. Elevation: _____
E-log #: _____

County: SMITH
Permit #: _____
Driller: J.P. THOMPSON
Date drilling completed: 5/16/07

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>GEORGIA PACIFIC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>HIWAY 28 WEST</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>TAYLORSVILLE MS. 39168</u>	<u>SE 1/4 NW 1/4 Sec 13 Twn 10N Rng 15W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 785-6230</u>	<u>1</u> Miles <u>W</u> of <u>TAYLORSVILLE</u>

Well Data	
Purpose of Well (circle one) Home <input type="checkbox"/> <u>Industrial</u> <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
Date well drilling started: <u>5/15/07</u>	Date well drilling completed: <u>5/16/07</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>90</u> feet above of <u>below</u> (circle one) land surface	Date measured: <u>5/16/07</u>
Method of Measurement (circle one) steel tape _____ electric tape _____ <u>air line</u> _____ other: _____	
Hole depth: <u>383</u> Well depth: <u>380</u> Well grouted to a depth of <u>20</u> feet	
Type of grout (circle one): Cement _____ <u>Bentonite</u> _____ Mix _____	
Casing length: <u>340</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>P.V.C.</u>	
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>P.V.C. SLOTTED</u>	
Screen slot size: <u>.008/.010</u> inches Setting depth: From <u>340</u> feet to <u>380</u> feet	
Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole _____ <u>Natural Development</u> _____	
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): <u>No log run</u> _____ 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.

J.P. THOMPSON 0-0624
Print Name of Water Well Contractor and License No.

J.P. Thompson
Signature of Water Well Contractor

RECEIVED
JUN 01 2007
BY: OLWR

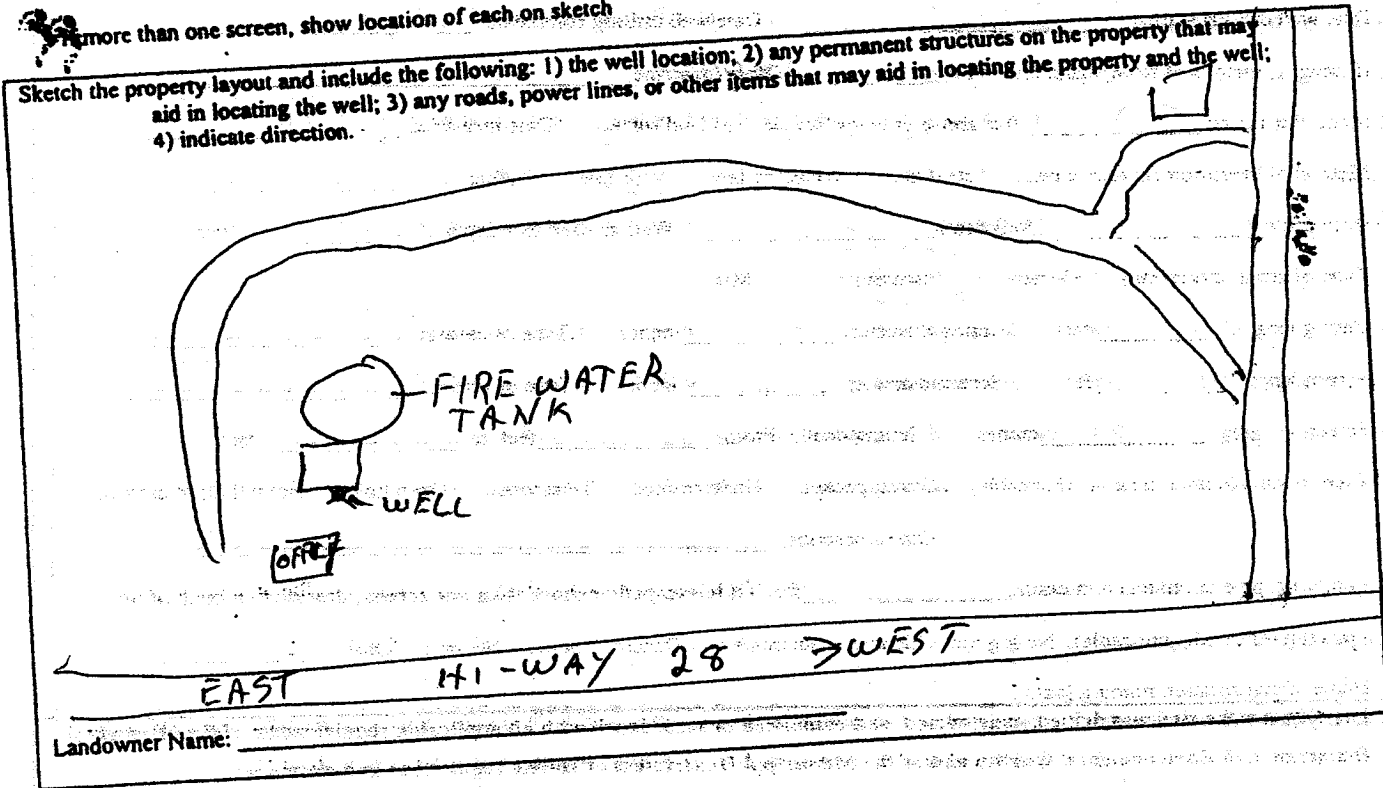
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
SANDY CLAY	0	20
CLAY	20	100
SAND	100	110
CLAY	110	120
SAND	120	135
CLAY	135	155
SAND	155	175
BLUE CLAY	175	280
SAND	280	383

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) indicate direction.



S.P. Thompson
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)

For Office Use Only:

Aquifer: _____

Well #: Q 515

Elevation: _____

County: SMITH
Permit #: _____
Driller: J.P. THOMPSON
Date completed: 5/24/07

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>GEORGIA PACIFIC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>HIWAY 28 WEST</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>TAYLORSVILLE MS, 39168</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 13 Twn 10N Rng 15W</u>
Telephone No. <u>(601) 785-6230</u>	Distance Direction Nearest Town
	Miles of _____

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>5/24/07</u> Rated Pump Capacity: <u>55</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>140</u> feet Number of Stages: _____
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/24/07</u>	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>97</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	Well yielded <u>75</u> GPM with a drawdown of
Test Pumping Rate: <u>75</u> Gallons Per Minute	<u>7</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

J.P. THOMPSON 0-624 J.P. Thompson
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
JUN 01 2007
BY: OLWR