

# State Well Report

## Part I

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-71

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

County: Warren  
Permit #: \_\_\_\_\_  
Driller: EM Bud CRESSWELL  
Date drilling completed: 8-20-07

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>INTERNATIONAL PAPER CO.</u>	Latitude: _____ " Longitude: _____ "
Mailing Address: <u>P.O. Box 156</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>REDWOOD, MS. 39156</u>	_____ 1/4 _____ 1/4 Sec <u>13</u> Twn <u>18-N</u> Rng <u>4-E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 631-8233</u>	<u>2</u> Miles <u>North</u> of <u>Redwood</u>

**Well Data**

Purpose of Well (circle one) Home  **Industrial**  Public Supply  Irrigation  Fish Culture  Other: \_\_\_\_\_

Date well drilling started: 8-20-07 Date well drilling completed: 8-20-07

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

Static Water Level: 12 feet above or below (circle one) land surface Date measured: 8-20-07

Method of Measurement (circle one) **steel tape**  electric tape  air line  other: \_\_\_\_\_

Hole depth: 96 Well depth: 96 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  **Bentonite**  Mix

Casing length: 86 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 016 inches Setting depth: From 86 feet to 96 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: 7 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.

EM Bud CRESSWELL 0-150  
Print Name of Water Well Contractor and License No.

Em Bud Cresswell  
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

B-71

Ground Level

Description of Formations Encountered	From	To
Runny sand	0	60
	60	96

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) indicate direction.

Landowner Name: INTERNATIONAL PAPER Co.

Ernest M. Cennwell  
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: Warren  
 Permit #: \_\_\_\_\_  
 Driller: EM Bud Cresswell  
 Date completed: 7-21-07

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B-71  
 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>INTERNATIONAL PAPER Co.</u>	Latitude: _____ Longitude: _____
Mailir g Address: <u>P.O. Box 156</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Redwood</u> <u>Ms.</u> <u>39156</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>13</u> Twn <u>18-N</u> Rng <u>4-E</u>
Telephone No. <u>601-631-8233</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>North</u> of <u>Redwood</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>8-21-07</u>	Setting Depth: <u>63</u> feet
Rated Pump Capacity: <u>40</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>12</u> 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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

EM Bud Cresswell 0-150 EM Bud Cresswell  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer