

State Well Report

Part 1 -- Driller's Log

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: CCKF
Well #: B85
L. S. Elevation: _____
E-log #: _____

County: Warren
Permit #: GW-17098
Driller: Griner Drilling
Date drilling completed: 1-10-2014

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>International Paper Company</u>	Latitude: <u>32° 31' 44"</u> Longitude: <u>90° 46' 23.46" W</u>
Mailing Address: <u>P.O. Box 358</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Vicksburg</u> <u>MS</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>24</u> Twn <u>8N</u> Rng <u>4E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>7</u> Miles <u>N</u> of <u>Vicksburg</u>

Well / Borehole Data

Date drilling started: 11-1-13 Date drilling completed: 1-10-14 Hole depth: 803 Hole diameter: 15

Location of the source of any surface water used for drilling: Mill water supply
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: _____
Name of organization running log(s): Griner Drilling Service

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: 34 feet above or below (circle one) land surface Date measured: 1-3-2014

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

Well depth: 803 Well grouted to a depth of 758 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 758 feet Casing diameter: 8 inches Type of casing: Steel

Screen length: 40 feet Screen diameter: 4 inches Type of screen: Stainless Wire Wrap

Screen slot size: .16 inches Setting depth: From 763 feet to 803 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: 703 feet *If telescoped or more than one screen, describe on next page*

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 #: B 85

Elevation: _____

County: Warren

Permit #: _____

Driller: Griner Drilling

Date completed: 1-10-2014

Copy information from block on Part 1

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

Owner Name: International Paper

Mailing Address: P.O. Box 358

Vicksburg MS 39180
 City State Zip Code

Telephone No. () _____

Well Location

Latitude: 30° 31' 44.71N Longitude: 90° 46' 23.46W

Method of Lat/Long (check one): Conventional Survey _____

USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____

_____ ¼ _____ ¼ Sec 24 T 8N R 4E

Distance Direction Nearest Town

7 Miles N of Vicksburg

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 12-2-2013

Rated Pump Capacity: _____ Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____

Horse Power Rating of Motor: 10

Setting Depth: 130 feet

Number of Stages: 9

Pump Test Data

Date Well Tested: 1-3-2014

Static Water Level (A): 34 Feet Below Land Surface

Pumping Water Level (B): 52 Feet Below Land Surface

Drawdown [(B) - (A)]: 19 Feet Below Land Surface

Test Pumping Rate: 116 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: N/A feet

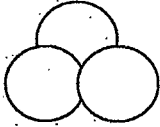
Well yielded 116 GPM with a drawdown of

19 feet after 4 hours of pumping

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

Ryan Herndon 0-700
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289
Water Well Plugging/Decommissioning Form
OLWR-DF-1 (1/03)

COUNTY WELL LOCATED: Warren WELL NUMBER: 149 B0008
PERMIT NUMBER: GW-01883 DATE WELL PLUGGED:
NAME OF FIRM TELEPHONE NUMBER:
PLUGGING WELL: Griner Drilling Service, Inc. 601-932-4511
NAME AND ADDRESS OF CURRENT LANDOWNER: International Paper Company
P.O. Box 358
Vicksburg, MS 39180
WELL LOCATION: SECTION: 24 TOWNSHIP: 8N RANGE: 4E
WELL LOCATION: LATITUDE: LONGITUDE: METHOD: (CIRCLE ONE) (1) USGS QUAD (2) CONVENTIONAL SURVEY
(3) GPS HAND HELD OR SURVEY GRADE
DISTANCE 7 DIRECTION: N NEAREST TOWN: Vicksburg OTHER LANDMARK: Redwood Community
WELL PURPOSE (HOME, IRRIGATION, MUNICIPAL, ETC.):
NAME OF WELL CONTRACTOR
WHO DRILLED THE WELL: Griner Drilling Service
NAME OF LANDOWNER WHEN WELL WAS DRILLED: International Paper Company

WELL DATA
WELL DEPTH: 806 HOLE DEPTH: 810
CASING DIAMETER (IN): 6 CASING LENGTH (FT.): 756 TYPE OF CASING: Steel
DEPTH TO STATIC WATER LEVEL: 31 DATE WELL COMPLETED: 11/17/85
WHY IS THE WELL BEING ABANDONED? Off capacity/pumping sand

DESCRIBE HOW THE WELL OR HOLE WAS PLUGGED (AMOUNT OF CASING AND/OR SCREEN THAT WAS REMOVED OR LEFT IN HOLE, MATERIAL AND AMOUNT USED IN PLUGGING, METHOD OF PLACING MATERIAL, ETC.)
Set 2" tremie line to bottom of well
Neat cement pumped until returned to surface

I CERTIFY THAT THE WELL WAS PLUGGED OR ABANDONED IN ACCORDANCE WITH THE STATE OF MISSISSIPPI REGULATIONS.
Ryan Herndon PRINT NAME 0-700 MS LICENSE NUMBER
SIGNATURE DATE 1/16/2014