

County: Choctaw
 Permit #: MS Lic 0779 GM
 Driller: Randy Salers
 Date drilling completed: 11-4-06

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: _____
 Well #: D-88
 L. S. Elevation: _____
 E-log #: _____

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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Mississippi Lignite Mining Co.</u> Mailing Address: <u>1000 Mc Intire Road</u> <u>Ackerman, MS 39735</u></p> <p>City _____ State _____ Zip Code _____</p> <p>Telephone No. <u>(602) 387-5200</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 32' 38"</u> Longitude: <u>89° 15' 48"</u> <small>22 5A</small></p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, <u>Survey-grade GPS</u></p> <p><u>SE 1/4 NE 1/4</u> Sec <u>32</u> Twn <u>18N</u> Rng <u>10E</u></p> <p>Distance _____ Direction _____ Nearest Town _____ <u>2.5</u> Miles <u>NW</u> of <u>Choctaw</u></p>
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Well / Borehole Data

Date drilling started: 9-20-06 Date drilling completed: 11-4-06 Hole depth: 175 Hole diameter: 10"

Location of the source of any surface water used for drilling: Little Byway Creek
 Method of dosing and volume of Chlorine used in drilling and development: 1 Gal bleach to 500 Gal water.

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): Century Geophysical Corp

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: 90 feet above or below (circle one) land surface Date measured: 11-17-06

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

Well depth: 170 Well grouted to a depth of 125 feet Type of grout (circle one): Neat Cement Bentonite _____

Casing length: 135 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 35 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.010 inches Setting depth: From 135 feet to 170 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 next page*

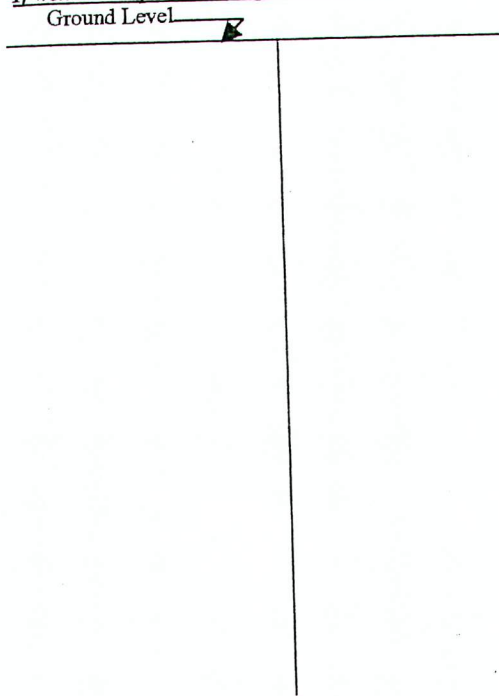
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D-88

The sketch below only required for water wells

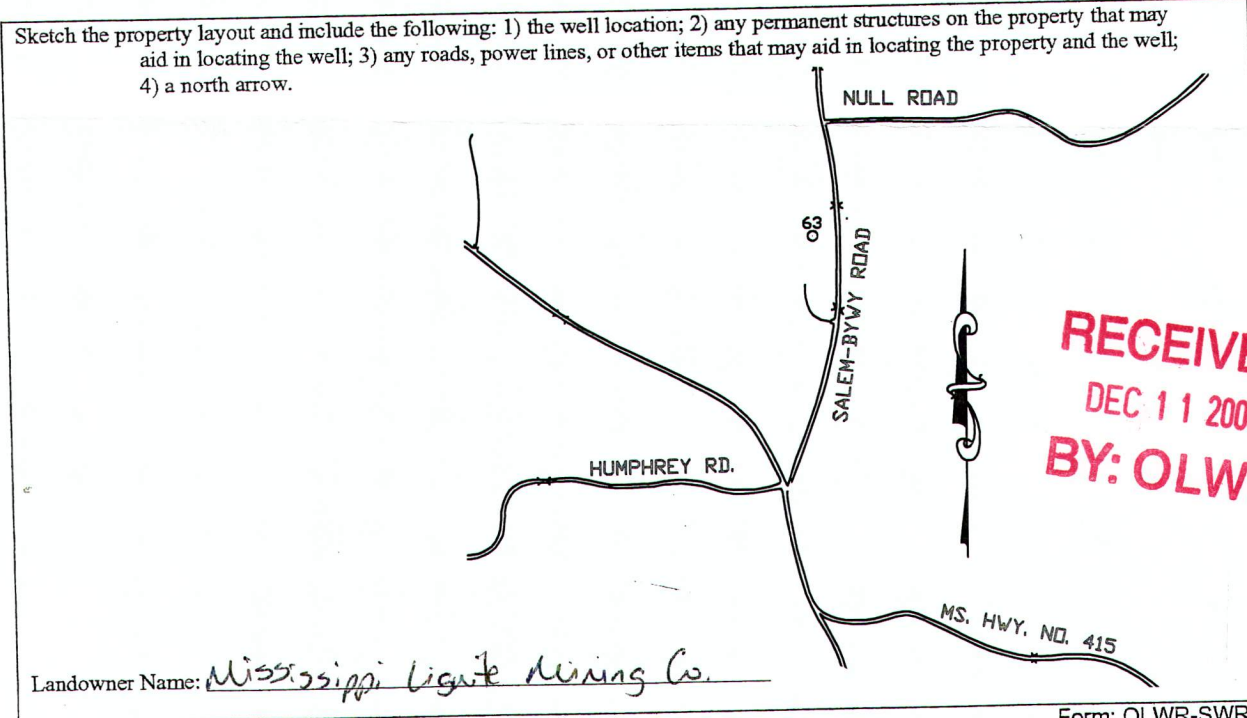
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
SAND	Ground Level	41
lignite	41	47
Clay	47	52
lignite	52	56
silt	56	93
lignite	93	98
silt	98	131
lignite	131	136
SAND	136	153
lignite	153	166
SAND	166	175
Clay		

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Randy SALERS MS Lic 07796M 12-1-06 Randy Salers
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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: Choctaw
 Permit #: _____
 Driller: Randy Salers
 Date completed: 11-17-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D-88
 Elevation: _____

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	Well Location
Owner Name: <u>Mississippi Lignite Mining Co.</u>	Latitude: <u>33°32'30"</u> Longitude: <u>87°40'28"</u>
Mailing Address: <u>1000 Mc Intire Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS <input checked="" type="checkbox"/>
<u>Ackerman MS 39735</u> City State Zip Code	<u>SE 1/4 NE 1/4 Sec 32 T 18N R 10E</u>
Telephone No. <u>(601) 397-5200</u>	Distance Direction Nearest Town <u>2.5 Miles NW of Chester</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>11-17-06</u>	Setting Depth: <u>133</u>
Rated Pump Capacity: <u>7.5</u> Gallons Per Minute	Number of Stages: _____

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-20-06</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>91</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>126</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface	Well yielded <u>3</u> GPM with a drawdown of
Test Pumping Rate: <u>3</u> Gallons Per Minute	<u>35</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

Randy SALERS MS Lic 0779 GM
 Print Name of Pump Installer and License No. (if applicable)

Randy Salers
 Signature of Pump Installer