l	County: Curchaw Part 1 - D	rmer's Log			
l					
		and Water Resources Well #: $D - 92$			
١		0x 10631 S 39289-0631 L. S. Elevation:			
İ	,	S 39289-0631			
		4-6938 (fax) E-log#:			
į		()			
	State Law requires that this report be prepared by the lice	ense holder responsible for the work and filed with the			
	Department at the above address within 30 days of comp	letion of artiting of the weat of borenote.			
Ī	Information on Well Owner	Well or Borehole Location 89 15 23"			
١	(Landowner if borehole is not for a water well)	Latitude: 33.32, 47" Longitude: 27. 40'05"			
١	Owner Name Mississippiliquite Mining Co	Laurence.			
	Owner Name V 303031 Plan to 300 To 30	Method of Lat/Long (circle one): Conventional Survey,			
	Mailing Address: (10) Mithe Thold				
	11 5 35734	USGS quad, Hand-held GPS, Survey-grade GPS			
	Ackerman MS 39735	NE 14 NW 14 Sec 33 Twn 18N Rng 100			
		CALL A MILE A SOCIAL AND A SOCI			
İ	City State Zip Code	Distance Direction Nearest Town			
		2.5 Miles NW of Chaster			
	Telephone No. (6CZ) 337-5200				
	Well / Bore	chole Data			
		•			
	Date drilling started: 9-21-06 Date drilling completed: 11-8-6	Hole depth: 119 Hole diameter: 10"			
	and the second of the second o	B I cook			
	Location of the source of any surface water used for drilling. Method of dosing and volume of Chlorine used in drilling and deve	comment I (and bleads to sured water			
	lylediod of dosing and volume of Chorne used in drining and serve				
	Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:			
	Name of organization running log(s): Clustery Companysic	W (24)			
	Purpose of borehole (check one): Water Well Geotechnical/Geol	logical Investigation Ground Source Heat Pump			
	* sepose 5. solamore (amount of the sepose 5.				
	Seismic Survey Other (describe	e)			
	If drilling is not related to water well construction	on, skip the remainder of this owek			
	Purpose of Well (check one): Home (Industrial) Public Supply	y Irrigation Fish Culture Other:			
	If a flowing well, method of flow regulation: Valve	Other (describe)			
	Static Water Level: 96 feet above or below (circle one)	Other (describe)  land surface Date measured: 11-17-0(a DEC 1 1 20 air line other:			
	Dutie Wall Dovoi.				
	Method of Measurement (circle one) steel tape electric tape	air line other:  Be of grout (circle one): Neat Cemen Bentonite  By: OLW			
	Well depth: 175 Well grouted to a depth of 130 feet Typ	e of grout (circle one) (Neat Cement) Bentonite Mix • OL N			
	1 - '				
	Casing length: 170 feet Casing diameter: 4	inches Type of casing: _Pv C			
	1	_			
	Borcon longui.				
	Screen slot size: O, O 10 inches Setting depth: From	140 feet to 170 feet			
	1	1			
	Type of completion (circle all applicable): Gravel packed Under	erreamed Telescoped Open hole Natural Development			
	I .				
	Other (describe):				

Top of lap pipe or reduction in casing: \_\_\_\_\_\_ feet. If telescoped or more than one screen, describe on next page

For Office Use Only:

Form: OLWR-SWR-1A

#### The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

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

Description of Formations Encountered	From (depth) T	o (depth)
SAND	Ground Level	29
Ganite	79	31
AGA FP	31	34
Ganite	34	360
COM	310	47
CCAY	47	51
Lignite	51	65
CLAY	65	70
Ligarie	70	56
Chay	96	101
Lighte	101	132
liciate	127	138
USIMIE	155	Tus
Charl	1415	150
SIANO	15/1	155
Lante	1156	In
CLAY	1101	170
SHAD	(70)	175
CLAY	110	

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) a north arrow.

\*\*NULL RDAD\*\*

\*\*RECEIVED\*\*

\*\*DEC\*\* 11 2006\*\*

BY: OLWR\*\*

\*\*Landowner Name: \*\*Missing for Lines\*\*

\*\*Landowner Name: \*\*Missing for Lines

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

RANCY SAILTS M3 LIC 07790M 12-106

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

### STATE WELL REPORT

# County: Chacton Permit #: Driller: Zandy Salers

## Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631

For Office Use Only:				
Aquifer:				
Well#: <b>D</b> - 92				
Elevation:				

Date completed: 11-18-06	(601)	MS 39289-0631 )961-5210	1	<u> </u>
Copy information from block on Part 1	4-6938 (fax)	Mevanon.		
This part of the report must be completed report must be attached and both parts file	ed with the Department a	contractor or a licens at the above address w	ed pump installer. A co within 30 days of well co Well Location	opy of Part 1 of the ompletion.
Well Owner Informat	•			0-011-1-4
Owner Name: US Lignite W	aing Co.	Latitude: <u>33 32</u>	<u>'47"</u> Longitude:	87 40 05
Mailing Address: 100 Mc Int	Method of Lat/Long (check one): Conventional Survey,			
		-	Hand-held GPS, Su	1
Acternan M. State	35735	NE 14 HW	4 Sec 33 T/GM	J R 10E
City 'State	Zip Code	Distance I	Direction Nearest	Town
Telephone No. (662) 387 - 520	<u>)</u>	2,5 Miles 1	Nw of Che	ster
Pamp Type			Power Type Circle one	
Circle one			Chele one	
Air Lift Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):	Horse Power Ratir	ng of Motor: 1/Z		
Date Pump Installed: 11-18-00		Setting Depth:	138	feet
Rated Pump Capacity: 7.5	Gallons Per Minute	Number of Stages		RECEN
Pump Test Data		Me	thod of Measuring Wa	ater Level DEC 1 1 20
Date Well Tested: 11-7.7-06			Circle one	RV
		Air Line	Electric Measuring Line	BYTOLN
Static Water Level (A): 56 Fee	Other (specify): _			
Pumping Water Level (B): 134,5 Fee				
Drawdown [(B) – (A)]: $38.5$ Fee	ı	measured shut in head:		
Test Pumping Rate:	t -	_3GPM wit		
	):hours	38.5	_feet after(	hours of pumping
Duration of Pump Test (minimum 4 hours	•	1		

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	
RANDY SAIETS MS LIC 0179 GM	handy Saler	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

Form: OLWR-SWR-1B