

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-99
L. S. Elevation: _____
E-log #: _____

County: Choctaw
Permit #: MSLIC 07796M
Driller: Zandy Sellers
Date drilling completed: 11-1-06

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>MS Light Mining Co.</u>	Latitude: <u>33° 32' 44"</u>	Longitude: <u>89° 15' 42"</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, <u>Survey-grade GPS</u>		
Mailing Address: <u>1000 McEntire Rd Ackerman, MS 39735</u>	NW 1/4 NW 1/4 Sec <u>33</u> Twn <u>18N</u> Rng <u>10E</u>		Distance <u>2.5</u> Miles Direction <u>NW</u> of Nearest Town <u>Chester</u>		
City _____ State _____ Zip Code _____	Telephone No. <u>(662) 387-5700</u>				

Well / Borehole Data

Date drilling started: 9-19-06 Date drilling completed: 11-1-06 Hole depth: 180' Hole diameter: 10"

Location of the source of any surface water used for drilling: Little Bony Creek

Method of dosing and volume of Chlorine used in drilling and development: 1 gal. bleach to 200 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: 119 feet above or below (circle one) land surface Date measured: 11-20-06

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

Well depth: 180 Well grouted to a depth of 125 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 140 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 140 feet to 175 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*

Form: OLWR-SWR-1A
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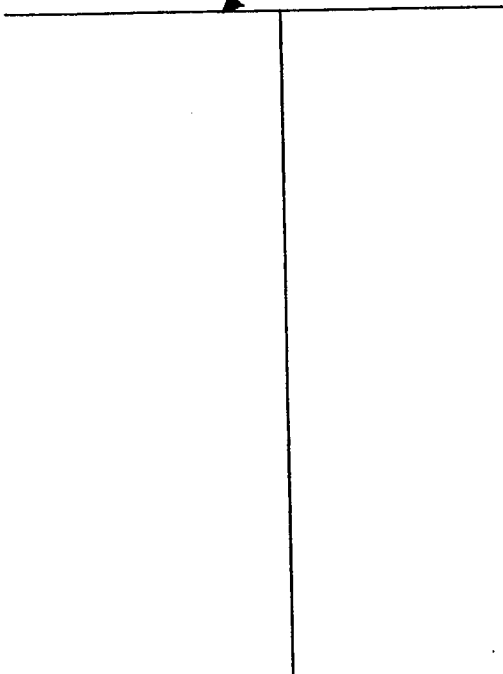
D-99

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.

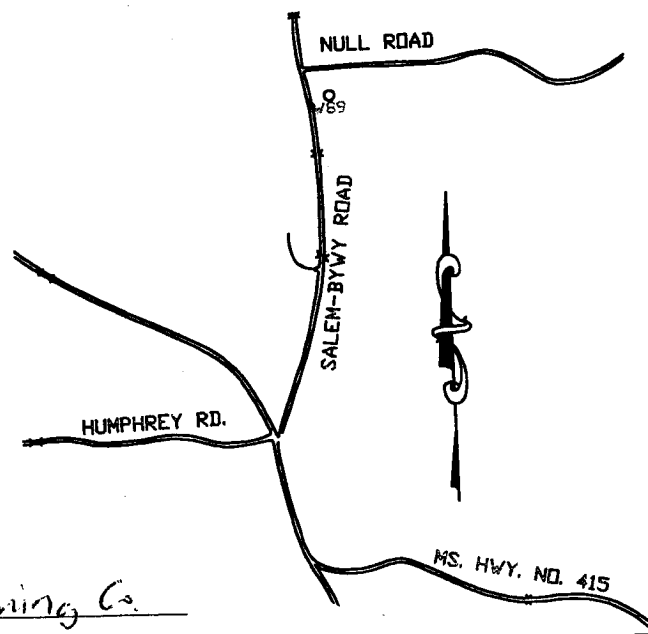
Ground Level



Description of Formations Encountered	From (depth)	To (depth)
SAND	Ground Level	16
CLAY	16	22
LIQ. SAND	22	25
CLAY	25	31
LIQ. SAND	31	32
SILT	32	48
LIQ. SAND	48	64
CLAY	64	72
LIQ. SAND	72	76
CLAY	76	94
LIQ. SAND	94	95
CLAY	95	134
LIQ. SAND	134	139
SAND	139	156
LIQ. SAND	156	158
SAND	158	170
CLAY	170	180

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.



Landowner Name: Mississippi Lignite Mining Co.

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.

Print Name of Responsible Licensee and License No. Randy SALES MSLE 07796IM Date 12/13/06

Signature of Licensee Randy Sales

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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 #: MS 21C 0779 GM
 Driller: Randy Sellers
 Date completed: 11-20-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D-99
 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>MS Lignite Mining Co.</u>	Latitude: <u>33°32'44"</u> Longitude: <u>89°40'24"</u>
Mailing Address: <u>1820 McIntire Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Ackerman, MS 39735</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 33 T 18N R 10E</u>
Telephone No. <u>(662) 387-5200</u>	Distance Direction Nearest Town
	<u>2.5</u> Miles <u>NW</u> of <u>Chester</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <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>11-20-06</u>	Setting Depth: <u>138</u> feet
Rated Pump Capacity: <u>7.5</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-29-06</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>119</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>136</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>17</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>17</u> feet after <u>10</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>10</u> hours	

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

Randy Sellers MS 21C 0779 GM
 Print Name of Pump Installer and License No. (if applicable)

Randy Sellers
 Signature of Pump Installer

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 Form DEW-100-1B

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