

# 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-101  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: CHOCTAW  
Permit #: \_\_\_\_\_  
Driller: RANDY SALERS  
Date drilling completed: 11-18-2006

**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.**

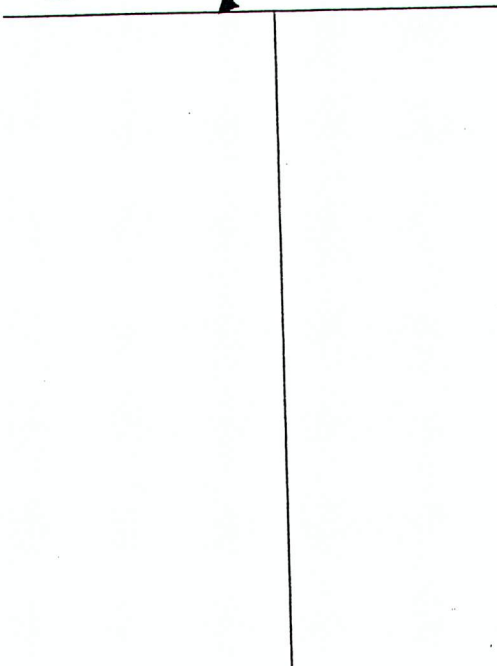
<p><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>MS LUNITE MINING CO.</u></p> <p>Mailing Address: <u>1000 M<sup>c</sup>INTIRE RD</u> <u>ACKERMAN MS 39735</u></p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Telephone No. (<u>662</u>) <u>387-5200</u></p>		<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 32' 54"</u> Longitude: <u>89° 25' 49"</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, <u>Survey-grade GPS</u></p> <p><u>NW 1/4 NE 1/4</u> Sec <u>33</u> Twn <u>18N</u> Rng <u>10E</u></p> <p>Distance: <u>2.5</u> Miles Direction: <u>NW</u> of Nearest Town: <u>chester</u></p>
<p><b>Well / Borehole Data</b></p> <p>Date drilling started: <u>9-21-06</u> Date drilling completed: <u>11-18-2006</u> Hole depth: <u>240</u> Hole diameter: <u>10"</u></p> <p>Location of the source of any surface water used for drilling: <u>Little Bury Creek</u></p> <p>Method of dosing and volume of Chlorine used in drilling and development: <u>1 GAL BLEACH TO 500 GAL WATER</u></p> <p>Logs run (circle all applicable): No log run <u>Electric</u> <u>Gamma Ray</u> <u>Density</u> Sonic Neutron Other: _____</p> <p>Name of organization running log(s): <u>CENTURY GEOPHYSICAL CORP</u></p> <p>Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____</p> <p>Seismic Survey _____ Other (describe) _____</p> <p><i>If drilling is not related to water well construction, skip the remainder of this block</i></p> <p>Purpose of Well (check one): Home <input type="checkbox"/> <u>Industrial</u> <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____</p> <p>If a flowing well, method of flow regulation: Valve _____ Other (describe) _____</p> <p>Static Water Level: <u>166</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>12-1-06</u></p> <p>Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____</p> <p>Well depth: <u>240</u> Well grouted to a depth of <u>190</u> feet Type of grout (circle one) <u>Neat Cement</u> Bentonite Mix</p> <p>Casing length: <u>200</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u></p> <p>Screen length: <u>35</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u></p> <p>Screen slot size: <u>0.010</u> inches Setting depth: From <u>200</u> feet to <u>235</u> feet</p> <p>Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development</p> <p>Other (describe): _____</p> <p>Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>		

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.

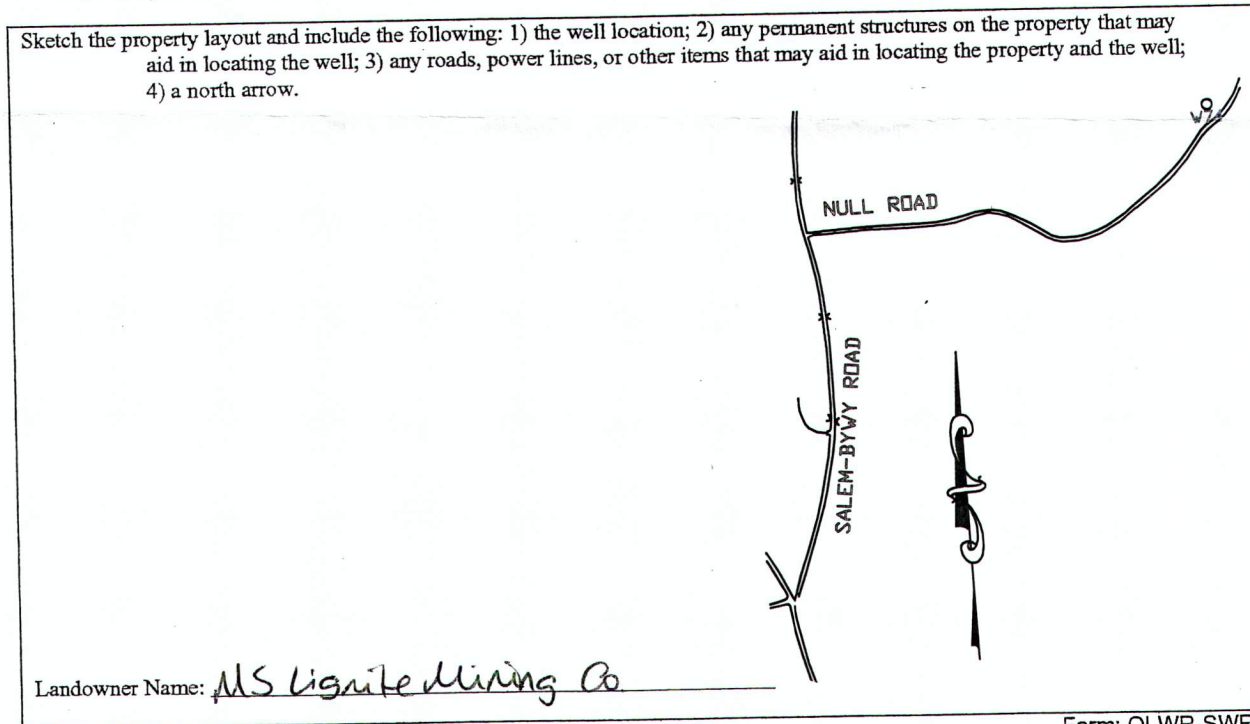
Ground Level



Description of Formations Encountered	From (depth)	To (depth)
SAND	Ground Level	36
Lignite	36	37
CLAY	37	58
Lignite	58	60
Silt	60	72
Lignite	72	74
CLAY	74	88
Lignite	88	92
CLAY	92	128
Lignite	128	132
CLAY	132	164
Lignite	164	169
CLAY	169	196
Lignite	196	201
SAND	201	219
Lignite	219	222
SAND	222	235
CLAY	235	240

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: MS 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.

Randy SALES MS Lic 0079 GM  
Print Name of Responsible Licensee and License No.

3-21-07  
Date

Randy Sales  
Signature of Licensee

RECEIVED  
APR 09 2007  
BY: OLWR

# 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: 12-4-2006  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: D-101  
 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' 64"</u> Longitude: <u>87° 39' 49"</u>
Mailing Address: <u>1000 McINTIRE RD.</u> <u>ALKERMAN MS 39735</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS <input checked="" type="checkbox"/>
City _____ State _____ Zip Code _____	<u>NW 1/4 NE 1/4 Sec 10N T. 10E R</u>
Telephone No. <u>(662) 387-5200</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 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>1/2</u>
Date Pump Installed: <u>12-4-2006</u>	Setting Depth: <u>198</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>12-4-06</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line      Steel Tape
Static Water Level (A): <u>166</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>195</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>29</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>29</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

X Randy SALERS MS LIC 0079 G.M      X Randy Salers  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer