

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-104
L. S. Elevation: _____
E-log #: _____

County: CHOCTAW
Permit #: _____
Driller: RANDY SALERS
Date drilling completed: 11-29-06

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Mississippi LIGNITE Mining Co</u>	Latitude: <u>33° 23' 26"</u> Longitude: <u>89° 14' 30"</u>
Mailing Address: <u>1000 McINTIRE RD</u> <u>ACKERMAN MS 39735</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, <u>Survey-grade GPS</u>
City _____ State _____ Zip Code _____	<u>NE 1/4 SW 1/4 Sec 27 Twn 18N Rng 10E</u>
Telephone No. <u>(662) 387-5200</u>	Distance _____ Direction _____ Nearest Town _____ <u>2.5 Miles NW of Chestel</u>
Well / Borehole Data	
Date drilling started: <u>10-4-06</u> Date drilling completed: <u>11-29-06</u> Hole depth: <u>175'</u> Hole diameter: <u>10"</u>	
Location of the source of any surface water used for drilling: <u>LITTLE BYMY CREEK</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1 GAL BLEACH TO 500 GAL WATER</u>	
Logs run (circle all applicable): No log run <u>Electric</u> <u>Gamma Ray</u> <u>Density</u> Sonic Neutron Other: _____	
Name of organization running log(s): <u>CENTURY GEOPHYSICAL CORP.</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input type="checkbox"/> <u>Industrial</u> Public Supply Irrigation Fish Culture Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>151.5</u> feet above or below (circle one) land surface Date measured: <u>12-3-06</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>175'</u> Well grouted to a depth of <u>135</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>150</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>25</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>0.010</u> inches Setting depth: From <u>145</u> feet to <u>170</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

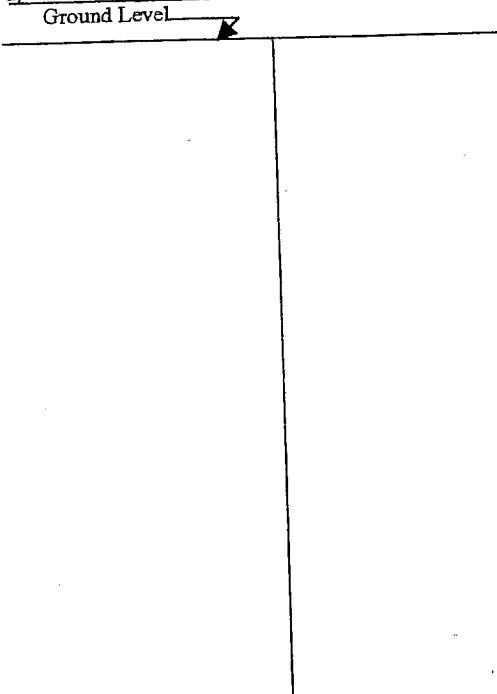
Form: OLWR-SWR-1A

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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

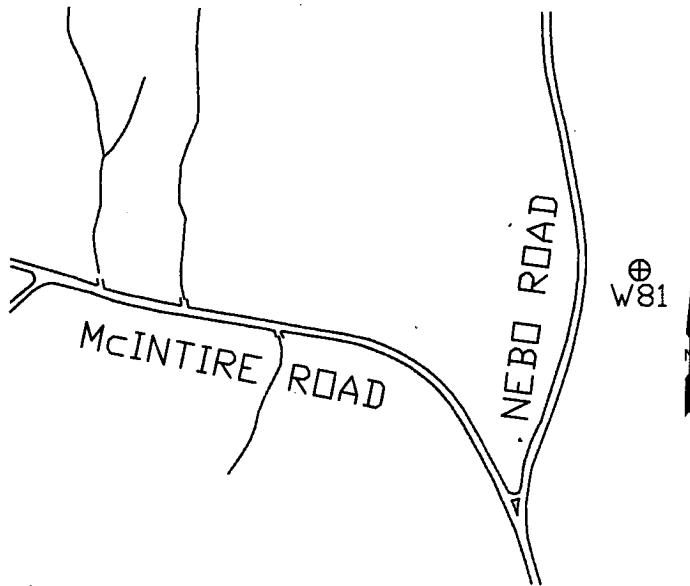
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
SAND	Ground Level	30
CLAY	30	34
Lignite	34	36
CLAY	36	44
SAND	44	47
CLAY	47	54
Lignite	54	57
CLAY	57	87
Lignite	87	90
CLAY	90	118
Lignite	118	119
CLAY	119	140
Lignite	140	145
SAND	145	168
Lignite	168	172

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 0779CM 3-21-07

Randy Sales

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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