

DW 26

# 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)

County: Choctaw  
Permit #: MSlic 0779GM  
Driller: Randy Salers  
Date drilling completed: 4-26-07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: D-109  
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.**

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>MS Lignite Mining Co.</u>	Latitude: <u>33° 22' 49"</u> Longitude: <u>89° 15' 45"</u>
Mailing Address: <u>1000 McIntire Rd</u> <u>Akerman, 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>SE 1/4 NE 1/4 Sec 32 Twn 18N Rng 10E</u>
Telephone No. <u>(602) 387-5200</u>	Distance: <u>2.5</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Chester</u>

**Well / Borehole Data**

Date drilling started: 9-26-06 Date drilling completed: 1-6-07 Hole depth: 207' Hole diameter: 4 3/4"

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 bleach

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: 106.5 feet above or below (circle one) land surface Date measured: 1-20-07

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

Well depth: 203 Well grouted to a depth of 160 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 165 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.01 inches Setting depth: From 165 feet to 195 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**

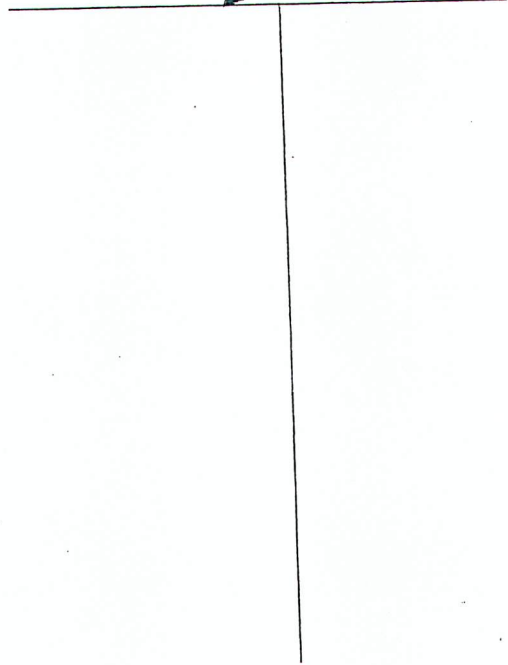
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D-109

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

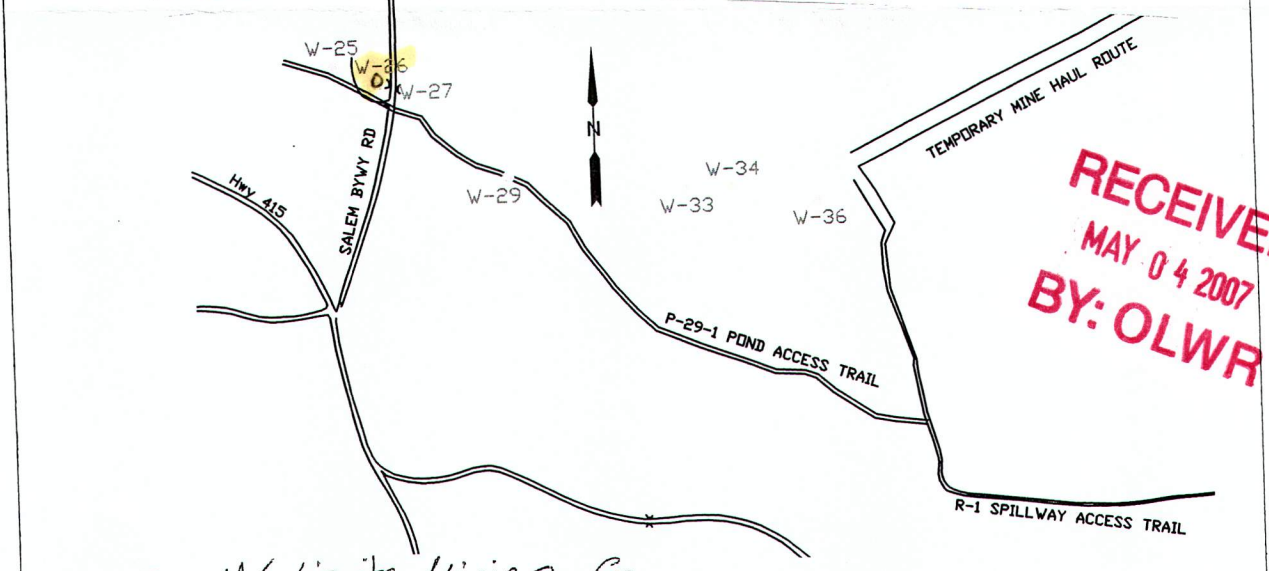
If well telescopes, show depths on sketch.  
Ground Level  $\rightarrow$



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	28
sand	28	80
clay	80	82
lignite	82	116
clay	116	118
lignite	118	156
clay	156	161
lignite	161	175
silt	175	195
sand	195	207
clay		

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 07796M 4-26-07

Randy Sales

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 Sellers  
 Date completed: 4-26-07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D-109  
 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°22'49"</u> Longitude: <u>89°15'45"</u>
Mailing Address: <u>1000 McEntire Rd</u> <u>Ackerman, 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>SE 1/4 NE 1/4 Sec 32 T 18N R 10E</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>5</u>
Date Pump Installed: <u>2-3-07</u>	Setting Depth: <u>163</u> feet
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>1-20-07</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line      Steel Tape
Static Water Level (A): <u>106.5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>53.5</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>53.5</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.

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