

DW 27

County: Choctaw
Permit #: MS Lic 0779BM
Driller: Randy Saleks
Date drilling completed: 4-26-07

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-110
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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>MS Lignite Mining Co.</u>	Latitude: <u>33° 22' 48"</u> Longitude: <u>89° 15' 42"</u>
Mailing Address: <u>1000 McTabor 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>SW 1/4 NW 1/4 Sec 33 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: 4-25-07 Date drilling completed: 1-7-07 Hole depth: 218 Hole diameter: 4 3/4

Location of the source of any surface water used for drilling: Little River Creek
Method of dosing and volume of Chlorine used in drilling and development: 1 gal bleach to 500 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 Co. Inc.

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 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: 188 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: 25 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.01 inches Setting depth: From 165 feet to 190 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*

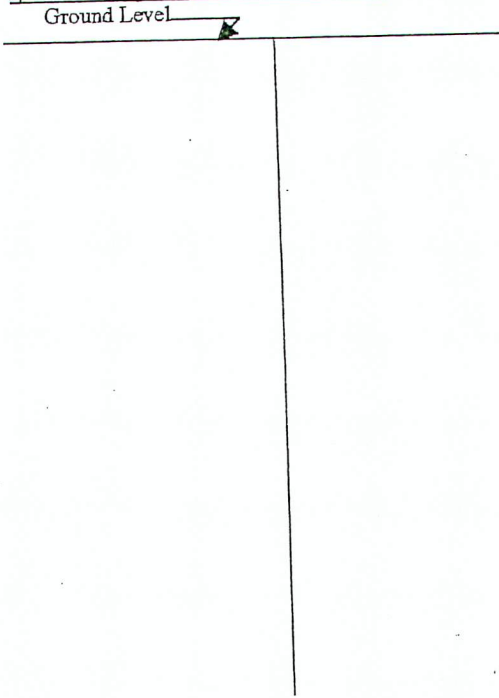
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D-110

The sketch below only required for water wells

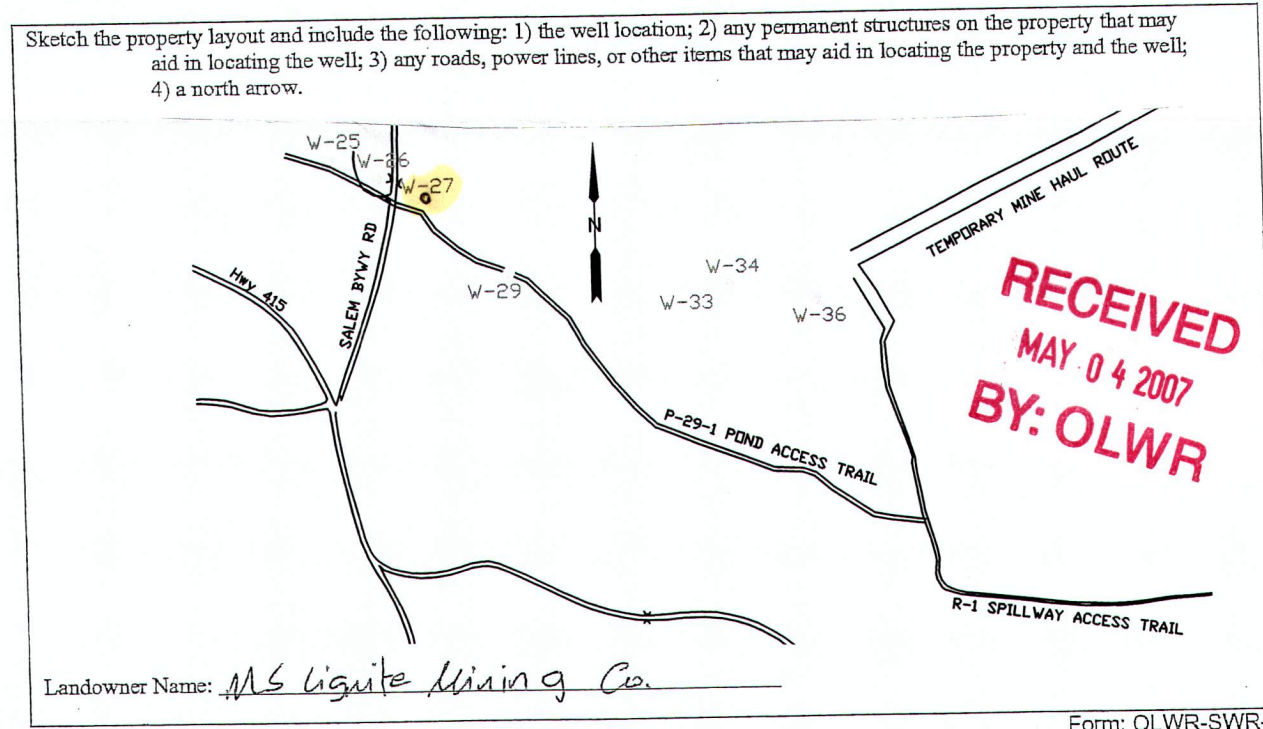
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground Level	20
Clay	20	70
Lignite	70	72
clay	72	104
Lignite	104	107
clay	107	143
silt	143	163
Lignite	163	166
sand	166	180
clay	180	200
Lignite	200	203
clay	203	218

If more than one screen, show location of each on sketch



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 Suters MS Lic 07796M 4-26-07

Print Name of Responsible Licensee and License No.

Date

Randy Suters

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

For Office Use Only:

Aquifer: _____
 Well #: D-110
 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°22'48"</u> Longitude: <u>89°15'42"</u>
Mailing Address: <u>1000 McEnire Rd</u> <u>Akerman, 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>SW 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 Miles NW of Chester</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.5</u> _____ feet
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>1-7-07</u>	Air Line _____ <u>Electric Measuring Line</u> _____ Steel Tape _____
Static Water Level (A): <u>106</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>54</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>34</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 Salers Mslic 0796M
 Print Name of Pump Installer and License No. (if applicable)

Randy Salers
 Signature of Pump Installer