DW 40

Permit #: MS UC 0779 GM

Driller: RANCY Salens

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-117
L. S. El	evation:
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	Well or Borehole Location		
(Landowner if borehole is not for a water well)	Latitude: 33 ° ZZ, 47" Longitude: 89 ° 15, 04		
Owner Name MS Lignite Mining Co.			
Mailing Address: 1000 M Intire Rd	Method of Lat/Long (circle one): Conventional Survey,		
140000 30225	USGS quad, Hand-held GPS, Survey-grade GPS		
Ackerman, MS 39735	544 NE4 Sec 33 Twn 18~ Rng 10E		
City State Zip Code	Distance Direction Nearest Town  2.5 Miles No of Ches fee		
Telephone No. (462) 387-5200	Miles of October		
Well / Bore	Phole Data		
Date drilling started: 10-3-0 Date drilling completed: 12-15			
Location of the source of any surface water used for drilling: $\angle \mathcal{L}$ Method of dosing and volume of Chlorine used in drilling and devel	the Bying eyeds lopment: I god sleach to 500 god water		
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):			
Purpose of borehole (check one): Water WellGeotechnical/Geol	ogical Investigation Ground Source Heat Purp		
	"LUEIVE		
Seismic Survey Other (describe If drilling is not related to water well construction			
	0 7 7005		
Purpose of Well (check one): Home Industrial Public Supply	·· UI MI		
If a flowing well, method of flow regulation: Valve C			
Static Water Level: 6 19 feet above or below (circle one)	land surface Date measured: /-/- 07		
Method of Measurement (circle one) steel tape electric tape			
Well depth: Well grouted to a depth of MD feet Type			
Casing length: 145 feet Casing diameter:			
Screen length: 40 feet Screen diameter: 4	inches Type of screen:		
Screen slot size:inches Setting depth: From _	145feet to1 P5feet		
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development		
Other (describe):			
Top of lap pipe or reduction in casing:feet. If te	lescoped or more than one screen, describe on next page		

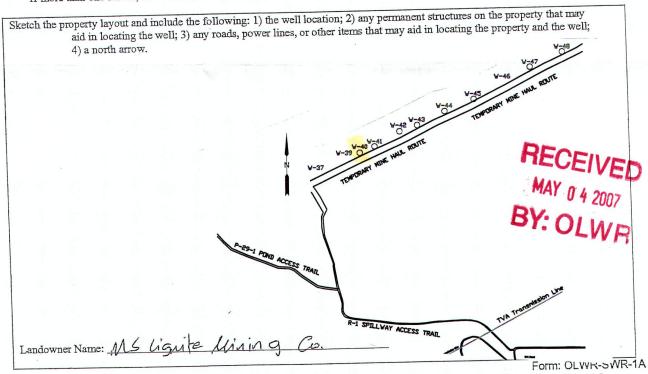
The sketch below	only	required	for	water wells

If well telescopes, show depths on sketch. Ground Level

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

From (depth)	To (depth)
Ground Level	
1.	
	Ground Level

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



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

Salens Ms LIC 6779 GM 4-36-87

Print Name of Responsible Licensee and License No.

Signature of Licensee

## STATE WELL REPORT

## Part 2

County: \_

Permit #:

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631

For Office Use Only:		
Aquifer:		
Well#:		
Elevation:		

Driller: Kandy Salers  P.O. F.  Jackson, N.  Date completed: 4-24-04  (601)	And Water Resources Box 10631  MS 39289-0631  9961-5210  4-6938 (fax)  Elevation:
This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department a Well Owner Information  Owner Name: MS Light Mining Co.  Mailing Address: 1000 M Znhie Rd.  Akelman, MS 39735  City State Zip Code  Telephone No. (462) 387-5200	Contractor or a licensed pump installer. A copy of Part 1 of the at the above address within 30 days of well completion.  Well Location  Latitude: 33° ZZ′ +8" Longitude: 82° /5 '0/"  Method of Lat/Long (check one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS  S
Pump Type Circle one  Air Lift Jet Submersible  Bucket Piston Turbine  Centrifugal Rotary Flowing Well  Other (specify):  Date Pump Installed: /-/9-07  Rated Pump Capacity: 7 S Gallons Per Minute	Power Type Circle one  Diesel Engine Gasoline Engine Natural Gas  Electric Motor Hand Tractor PTO  Windmill Other (specify):  Horse Power Rating of Motor:  Setting Depth: 143 feet MAY 0 4 2007  Number of Stages:  Power Type Circle one  Natural Gas  Fractor PTO  RECEIVE  Setting Depth: 42007
Pump Test Data  Date Well Tested:/-/- O 7  Static Water Level (A): Feet Below Land Surface  Pumping Water Level (B): Feet Below Land Surface  Drawdown [(B) - (A)]: Feet Below Land Surface  Test Pumping Rate: Gallons Per Minute  Duration of Pump Test (minimum 4 hours): hours	Method of Measuring Water Level Circle one  Air Line Electric Measuring Line Steel Tape  Other (specify):  For flowing well, measured shut in head:feet  Well yielded GPM with a drawdown of  hours of pumping
I HEREBY CERTIFY that the above statements are true to the best Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer