

DW 43

State Well Report Part 1 - Driller's Log

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

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-120
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.

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| <p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>MS Lignite Mining Co.</u> Mailing Address: <u>1000 McIntire Rd</u> <u>Akerman, MS 39735</u></p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Telephonic No. (<u>662</u>) <u>387-5200</u></p> | <p>Well or Borehole Location</p> <p>Latitude: <u>33° 22' 53"</u> Longitude: <u>89° 14' 50"</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, <u>Survey-grade GPS</u></p> <p><u>SE</u> ¼ <u>NE</u> ¼ 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> |
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Well / Borehole Data

Date drilling started: 10-3-06 Date drilling completed: 1-18-07 Hole depth: 208 Hole diameter: 4 3/4

Location of the source of any surface water used for drilling: Little Guy 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 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: 73 feet above or below (circle one) land surface Date measured: 2-19-07

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

Well depth: 198 Well grouted to a depth of 150 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 155 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.01 inches Setting depth: From 155 feet to 195 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____

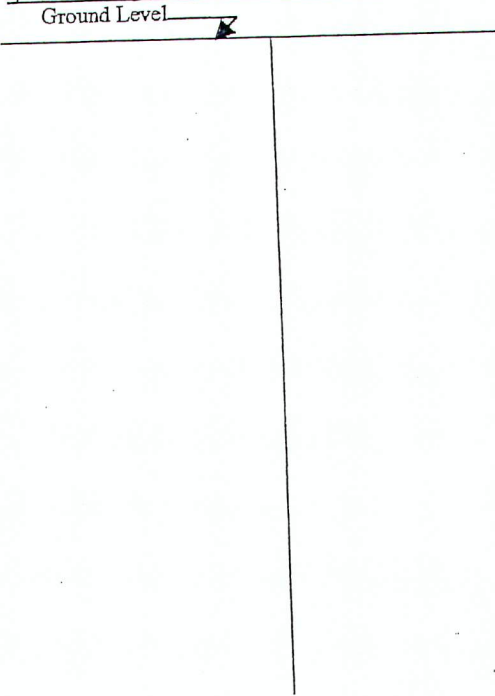
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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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

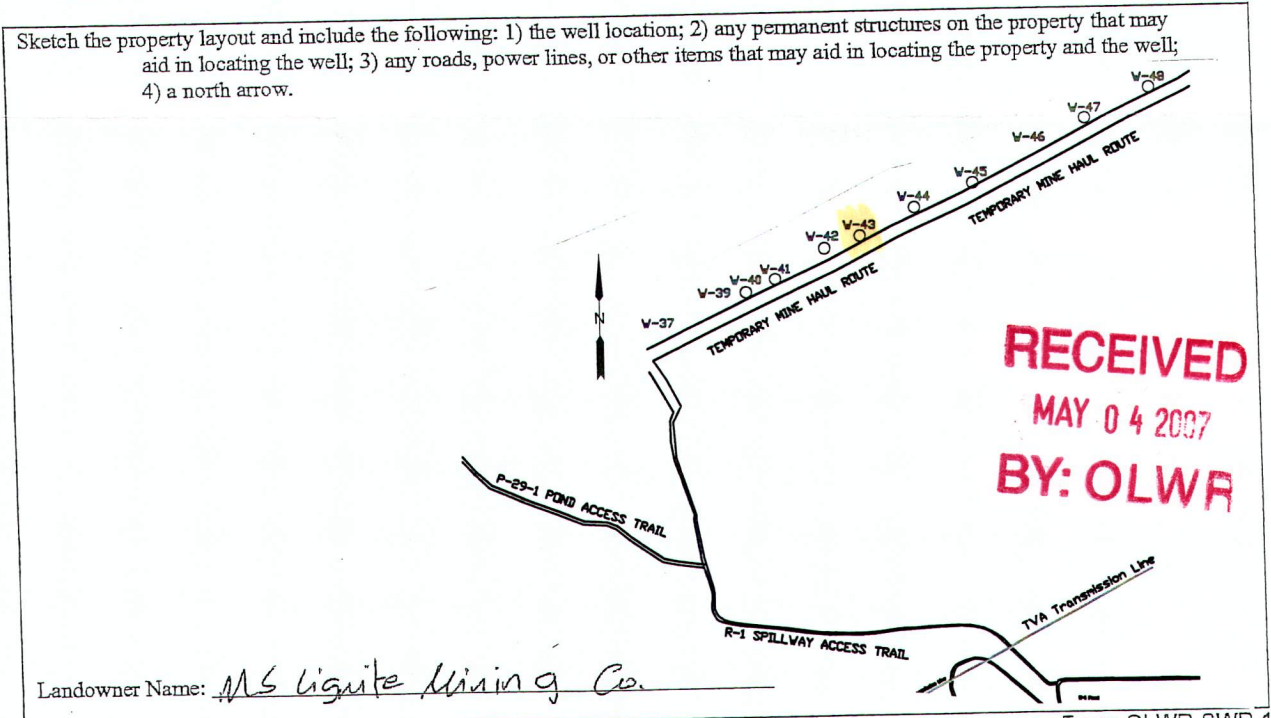
If well telescopes, show depths on sketch.



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| | Ground Level | 10 |
| Silty Clay | 10 | 142 |
| Lignite | 142 | 147 |
| Sand | 147 | 169 |
| Lignite | 169 | 172 |
| Sand | 172 | 186 |
| Clay | 186 | 207 |
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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 C779GM

4-26-07
Date

Randy Sales
Signature of Licensee

Print Name of Responsible Licensee and License No.

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-120
 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' 53"</u> Longitude: <u>89° 14' 50"</u> |
| Mailing Address: <u>1000 McEntire 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>SE 1/4 NE 1/4 Sec 33 T 18N R 10E</u> |
| Telephone No. <u>(662) 387-5200</u> | Distance Direction Nearerst Town <u>2.5 Miles NW of Chester</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | 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>2-18-07</u> | Setting Depth: <u>153</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>2-18-07</u> | Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>73</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>150</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>77</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>77</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 MS Lic 0779 GM Randy Salers
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer