348

County: Choct AW				
Permit #: MS Lic 0179 G-M				
Driller: RANdy SAIErs				
Date drilling completed: 44-26-07				

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:
	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. Well or Borehole Location Information on Well Owner Latitude: 33 . 23, 04" Longitude 89.14,74" (Landowner if borehole is not for a water well) Lienite Minine Method of Lat/Long (circle one): Conventional Survey, Mailing Address: 1000 USGS quad, Hand-held GPS, Survey-grade GPS Twn / & N Rng /OE NE 1/4 NU1/4 Sec 34 Nearest Town Direction Zip Code State Chester NU 2.5 _Miles 387-5201 Telephone No. (<u>[262</u>)_ Well / Borehole Data Date drilling started: 10-5-06 Date drilling completed: 12-18-06 Hole depth: 198 __ Hole diameter: 434 Location of the source of any surface water used for drilling: Little Byon week Method of dosing and volume of Chlorine used in drilling and development: Logs run (circle all applicable): No log run Electric Gunna Ray Desiry Sonic Neutron Other: Contuny Geophysical Corp. Name of organization running log(s): Geotechnical/Geological Investigation___ Ground Source Heat Ping Purpose of borehole (check one): Water Well MAY 0 4 2007 Seismic Survey___ Other (describe) If drilling is not related to water well construction, skip the remainder of this block BY: OLWR Other: Industrial Public Supply Fish Culture Irrigation Purpose of Well (check one): Home If a flowing well, method of flow regulation: Valve Other (describe) 1-4-07 Date measured: Static Water Level: U / 1 feet above or velous (circle one) land surface steel tape air line Method of Measurement (circle one) Type of grout (circle one): Neat Cement Bentonite Mix PVC inches Type of casing: Casing diameter: Casing length: _ PVC Type of screen: Screen diameter: inches Screen length: feet 0.01 Setting depth: From _ 145 Screen slot size: inches Gravel packed Underreamed Telescoped Open hole Natural Development Type of completion (circle all applicable): Other (describe): feet. If telescoped or more than one screen, describe on next page Top of lap pipe or reduction in casing:

Form: OLWR-SWR-1A

The sketch below only required for water wells

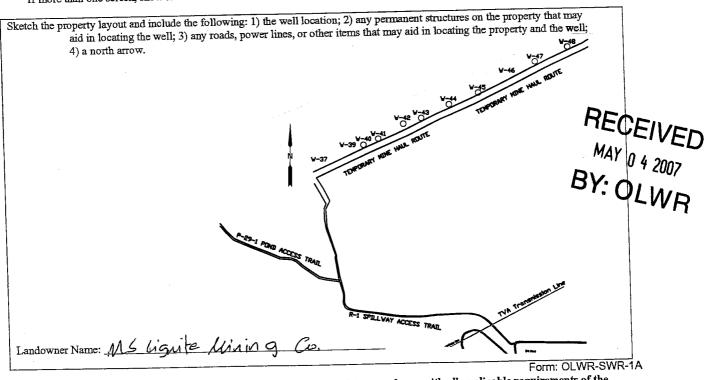
If well telescopes, show depths on sketch.

Ground Level

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

Description of Formations Encountered		lo (depth)
sand	Ground Level	36
Clay	36	147
5:14	147	161
	161	165
Lignite	165	174
331+	174	190
clay		+ - 10
		-
		ļ
		+
·		
	_ 	+

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

Randy SAIErs M.SL'C 0.779GM 4-26-07

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

STATE WELL REPORT

Phoe taw County: Permit #:

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

For Office Use Only:				
Aquifer:				
well#: D-125				
Elevation:				

(601)354-6938 (fax) Copy information from block on Part 1 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 Latitude: 33° 23' 04" Longitude: 890/4'24" Owner Name: M Lignite Mining Co. Mailing Address: 1000 Method of Lat/Long (check one): Conventional Survey____, Ackerman MS USGS quad_____, Hand-held GPS____, Survey-grade GPS____ WE 1/ NW 1/ Sec 3 4 T /8NR /OE Zip Code State Distance Direction Nearest Town Telephone No. (462) 387-5200 7,5 Miles NW of Chester Power Type Pump Type Circle one Circle one Gasoline Engine Natural Gas Air Lift Jet Submersible Diesel Engine Bucket Piston Turbine Electric Motor Hand Tractor PTO Windmill Other (specify): Centrifugal Rotary Flowing Well Horse Power Rating of Motor: Other (specify): 1-4-07 Date Pump Installed: ___ Setting Depth: _ Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one 1-4-07 Date Well Tested: Electric Measuring Line Air Line Steel Tape Static Water Level (A): (Feet Below Land Surface Other (specify): __ Pumping Water Level (B): 140 Feet Below Land Surface Drawdown [(B) - (A)]: \overrightarrow{A} . \overrightarrow{A} Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: ____ 3 Gallons Per Minute Well yielded GPM with a drawdown of hours of pumping 72.9 feet after Duration of Pump Test (minimum 4 hours): ___

I HEREBY CERTIFY that the above statements are true to the best of Randy SAIERS MSLIC 0779 CM	f my knowledge.	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

Form: OLWR-SWR-1B