

DW 50

County: Choctaw
 Permit #: _____
 Driller: _____
 Date drilling completed: 12-18-06

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-129
 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.

<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 McIndree Rd</u> <u>Ackerly, MS 39735</u> City State Zip Code Telephone No. (662) <u>387-5200</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 23' 09"</u> Longitude: <u>89° 14' 12"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, <u>Survey-grade GPS</u> <u>NE 1/4 NW 1/4 Sec 34 Twn 18N Rng 10E</u> Distance Direction Nearest Town <u>2.5 Miles NW of Chester</u></p>
--	---

Well / Borehole Data

Date drilling started: 10-4-06 Date drilling completed: 12-18-06 Hole depth: 197 Hole diameter: 4 3/4
 Location of the source of any surface water used for drilling: Little Bygones 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 Electac 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: 88.1 feet above or below (circle one) land surface Date measured: 2-19-07
 Method of Measurement (circle one) steel pipe electric tape air line other: _____
 Well depth: 188 Well grouted to a depth of 140 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 140 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 150 feet to 180 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*

Form: OLWR-SWR-1A


RECEIVED
 JUN 27 2007
 BY: OLWR

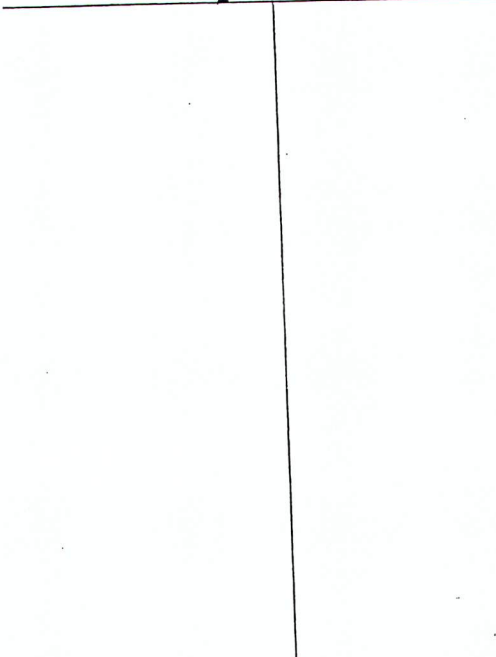
D-129

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

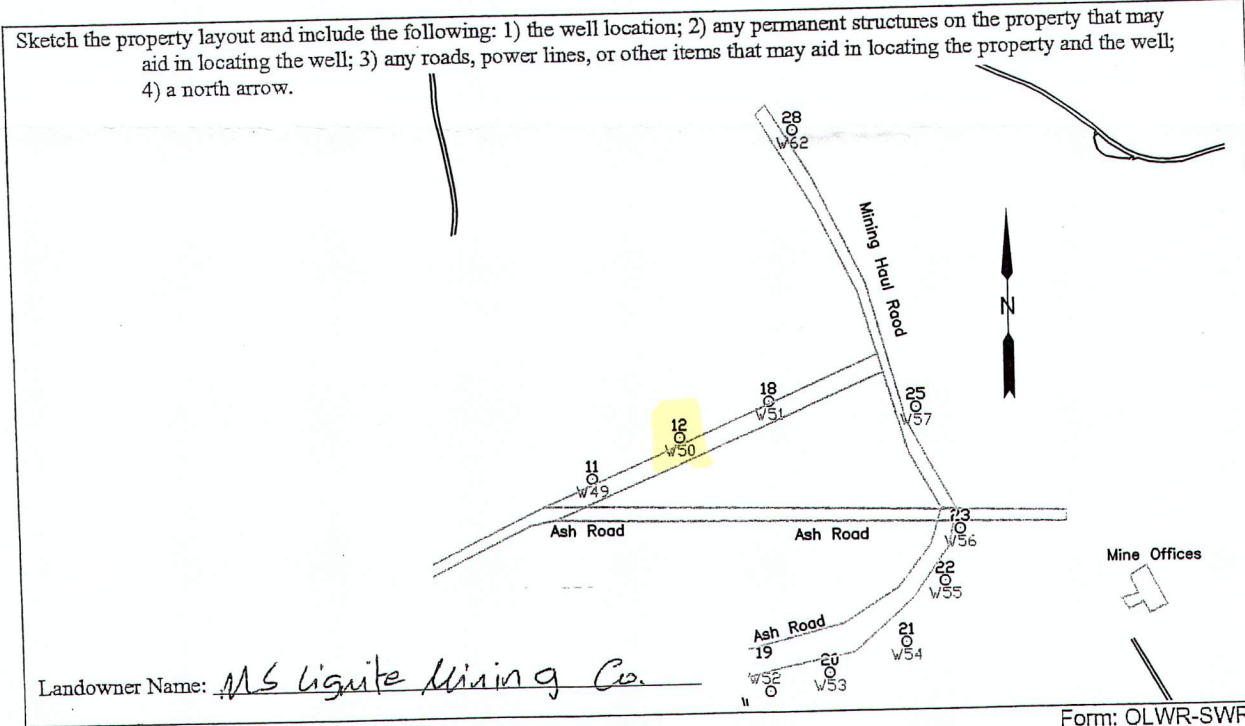
If well telescopes, show depths on sketch.

Ground Level 



Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground Level	25
sandy clay	25	60
clay	60	153
sand	153	168
Lignite	168	171
Sand	171	180
clay	180	187

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 laws.

Randy SARKIS MS LIC 0779 GM 6-15-07 Randy Sarkis
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

RECEIVED
 JUN 27 2007
 BY: OLWR

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: _____
 Permit #: _____
 Driller: _____
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D-129
 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° 23' 04"</u> Longitude: <u>89° 4' 12"</u>
Mailing Address: <u>1000 McZabie 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>NE 1/4 NW 1/4 Sec 34 T 18 N R 10 E</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>.5</u>
Date Pump Installed: <u>2-19-07</u>	Setting Depth: <u>173</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>2-19-07</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>88.1</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>173</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>84.9</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>84.9</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 SAVERS MS LIC 0779 GM
 Print Name of Pump Installer and License No. (if applicable)

Randy Saver
 Signature of Pump Installer

RECEIVED

JUN 27 2007
 Form: OLWR-SWR-1B

BY: OLWR