

DW62

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)

County: CHOCTAW
Permit #: _____
Driller: RANDY SALERS
Date drilling completed: 1-8-07

For Office Use Only:
Aquifer: _____
Well #: D-130
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 (Landowner if borehole is not for a water well) Owner Name: <u>MS Lignite Mining Co.</u> Mailing Address: <u>1000 McAndre Rd</u> <u>Ackerman, MS 39735</u> City State Zip Code Telephone No. (601) <u>387-5200</u>			Well or Borehole Location Latitude: <u>33° 23' 32"</u> Longitude: <u>89° 14' 01"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, <u>Survey-grade GPS</u> <u>NW ¼ SE ¼ Sec 27 Twn 18N Rng 10E</u> Distance Direction Nearest Town <u>2.5 Miles NW of CHESTER</u>		
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Well / Borehole Data
Date drilling started: 9-23-06 Date drilling completed: 1-8-07 Hole depth: 130 Hole diameter: 4 3/4
Location of the source of any surface water used for drilling: LITTLE BYNY 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: 85 feet above or below (circle one) land surface Date measured: 3-5-07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Well depth: 130 Well grouted to a depth of 95 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 108 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 100 feet to 125 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

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D-130

The sketch below only required for water wells

If well telescopes, show depths on sketch.

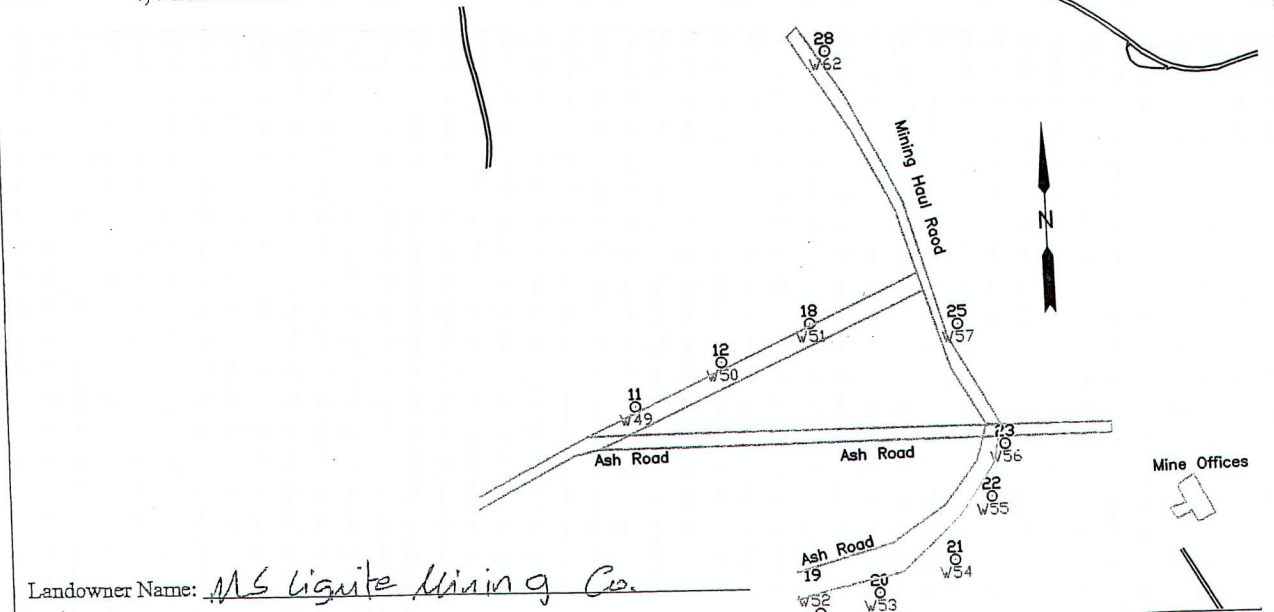
Ground Level _____

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

Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground Level	5
Clay	5	10
Lignite	10	15
Clay	15	31
Lignite	31	34
Clay	34	54
Lignite	54	57
Clay	57	93
Lignite	93	99
Sandy clay	99	114
Lignite	114	116
Clay	116	120

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.

Print Name of Responsible Licensee and License No. Randy SAIFERS MS LIC 0279 GM Date 6-21-07

Signature of Licensee Randy Saifers

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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 SAERS
 Date completed: 1-8-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D-130
 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°23'32"</u> Longitude: <u>89°14'01"</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>NW ¼ SE ¼ Sec 27 T18N 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 <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>3-6-07</u>	Setting Depth: <u>98</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>3-6-07</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>85</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>98</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>13</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>13</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 SAERS MS Lic 0779 GM
 Print Name of Pump Installer and License No. (if applicable)

Randy Saers
 Signature of Pump Installer

Form: OLWR-SWR-1B

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