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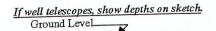
Surgy		State Well Report	
$ \begin{array}{c} main the$	not re	Part 1 – Driller's Log	For Office Use Only:
$ \begin{array}{c} PO_{1} \text{ Box 10631} \\ PO_{2} \text{ Box 10631} \\ \text{ lackson, MS 3928-0631} \\ \text{ (601)961-5210} \\ ($	JHLY:	Mississippi Department of Environmental Quali	
iiller:	mit #:		Well #: 1-132
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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

or the Freeduntered	From (depth)	To (depth)
Description of Formations Encountered	Ground Level	31
Sad	31	140
clay	140	140
Sad	140	163
Linite		123
Band	1103	190
clay	173	- 10
7		

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. Minin9 Hau Raod 25 Ash Road Ash Road Mine Offices 21 054 Landowner Name: MS Liquite Mining Co. Form: OLWR-SWK-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

Alers MSLic 0779GM 6-15-07 law Date

VED Signature of Licensee

Print Name of Responsible Licensee and License No.

JUN 27 2007 BY: OLWR

STATE WI	ELL REPORT
County: P Permit #: Pump Installer' Driller: Mississippi Department Driller: P.O. I Jackson, M Jackson, M (601) (601)	Part 2 For Office Use Only: 's Completion Report Aquifer: and Water Resources Aquifer: Box 10631 Well #: $D - 132$ MS 39289-0631 Use Only: 1)961-5210 Elevation: 54-6938 (fax) Elevation: 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: $33^2 23' 05''$ Longitude: $89^\circ 14' 20''$ Method of Lat/Long (check one): Conventional Survey_, USGS quad_, Hand-held GPS_, Survey-grade GPS_ $M \succeq 4, 100$ $M \succeq 4, 100$
Telephone No. (<u>462)_387-5200</u>	Distance Direction Nearest Town 7,5 Miles Nw of Chesth
Pump Type Circle oneAir LiftJetSubmersibleBucketPistonTurbineCentrifugalRotaryFlowing WellOther (specify):	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify):
Pump Test Data Date Well Tested: $2 - 6 - 07$ Static Water Level (A): δS . Z Feet Below Land Surface Pumping Water Level (B): 723 Feet Below Land Surface Drawdown [(B) - (A)]: $84 \cdot 8$ Feet Below Land Surface Test Pumping Rate: 3 Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4 hours	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):
I HEREBY CERTIFY that the above statements are true to the best $\frac{AAJY}{AAJY} \frac{SAEY}{S} \frac{M5LiV}{D} \frac{D718}{CM}$ Print Name of Pump Installer and License No. (if applicable)	t of my knowledge. Randy Solenn Signature of Pump Installer Form: OLWR-SWR-1B JUN 27 2

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