

DW 51

### 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 SALPERS  
Date drilling completed: 2-16-07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: D-133  
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 align="center"><b>Information on Well Owner</b> <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>MS Lignite Mining Co.</u> Mailing Address: <u>1000 McIntire Rd</u> <u>Ackerly, MS 39735</u> City _____ State _____ Zip Code _____ Telephone No. (662) <u>387-5200</u></p>	<p align="center"><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 23' 11"</u> Longitude: <u>89° 14' 04"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, <u>Survey-grade GPS</u> <u>NW 1/4 NE 1/4 Sec 34 Twn 18N Rng 10E</u> Distance _____ Direction _____ Nearest Town _____ <u>6.5</u> Miles <u>NW</u> of <u>Centerville</u></p>
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**Well / Borehole Data**

Date drilling started: 9-23-06 Date drilling completed: 2-16-07 Hole depth: 185 Hole diameter: 4 3/4

Location of the source of any surface water used for drilling: \_\_\_\_\_  
Method of dosing and volume of Chlorine used in drilling and development: 1 GAL BLEACH + 500 GAL OF WATER

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
Name of organization running log(s): Century Geophysical

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: 82.4 feet above or below (circle one) land surface Date measured: 2-19-2007

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

Well depth: 185 Well grouted to a depth of 135 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 143 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .01 inches Setting depth: From 140 feet to 480 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*

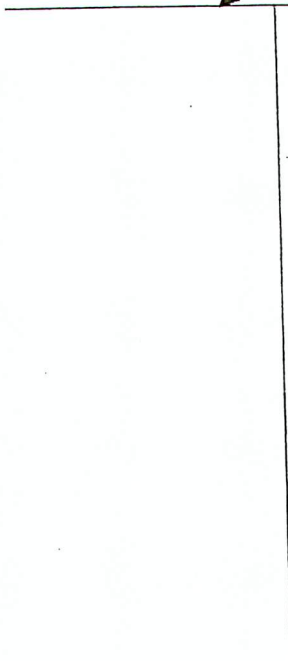
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BY: OLWR

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

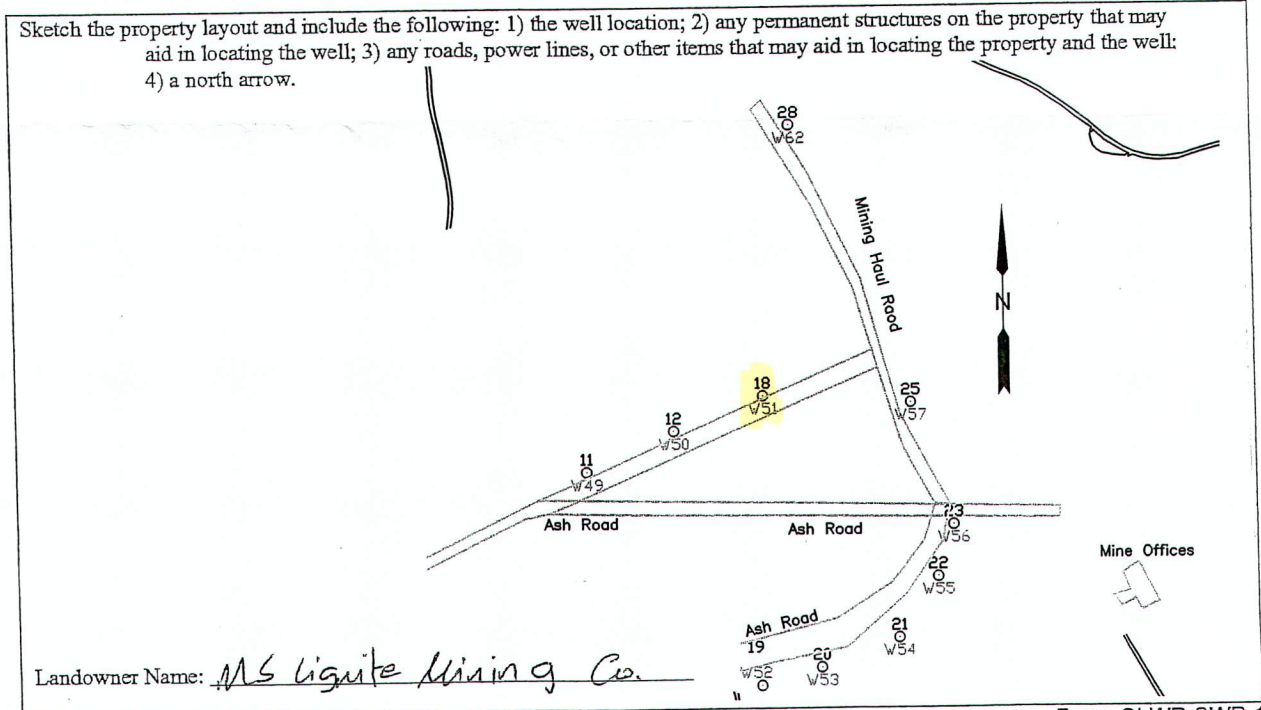
If well telescopes, show depths on sketch.

Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground Level	20
Clay	20	44
Sand	44	61
Lignite	61	64
Sand	64	70
clay	70	90

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 SALEVS MS LIC 07796M 6-15-07 Randy Salevs  
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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**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: Choctaw  
 Permit #: \_\_\_\_\_  
 Driller: Judy Salers  
 Date completed: 2-16-2007  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: D-133  
 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, 11</u> Longitude: <u>89° 14, 04"</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>NW 1/4 NW 1/4 Sec 34 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 <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>2-19-2007</u>	Setting Depth: <u>168</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>82.4</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>168</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>85.6</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>85.6</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 # 77961A  
 Print Name of Pump Installer and License No. (if applicable)

Randy Salers  
 Signature of Pump Installer

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 Form: OLWR-SWR-1B  
 JUN 27 2007  
 BY: OLWR