

DW100

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: RADY SAVERS
 Date drilling completed: 3-27-07

For Office Use Only:
 Aquifer: _____
 Well #: D-139
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>MS Lignite Mining Co.</u>	Latitude: <u>33° 23' 19"</u> Longitude: <u>89° 14' 58"</u>
Mailing Address: <u>1000 McIntire Rd</u> <u>Ackerly, MS 39235</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 SE 1/4 Sec 28 Twn 18N Rng 10E</u>
Telephone No. (662) <u>387-5200</u>	Distance: <u>2.5</u> Miles Direction: <u>NW</u> of Nearest Town: <u>CHESTER</u>

Well / Borehole Data

Date drilling started: 3-3-07 Date drilling completed: 3-27-07 Hole depth: 190 Hole diameter: 4 3/4

Location of the source of any surface water used for drilling: LITTLE BYWAY CREEK

Method of dosing and volume of Chlorine used in drilling and development: 1 GAL BLEACH 100 500 GAL WATER

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): CENTURY GEO PHYSICAL 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: 150 feet above or below (circle one) land surface Date measured: 3-19-07

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

Well depth: 200 Well grouted to a depth of 160 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 173 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 165 feet to 195 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

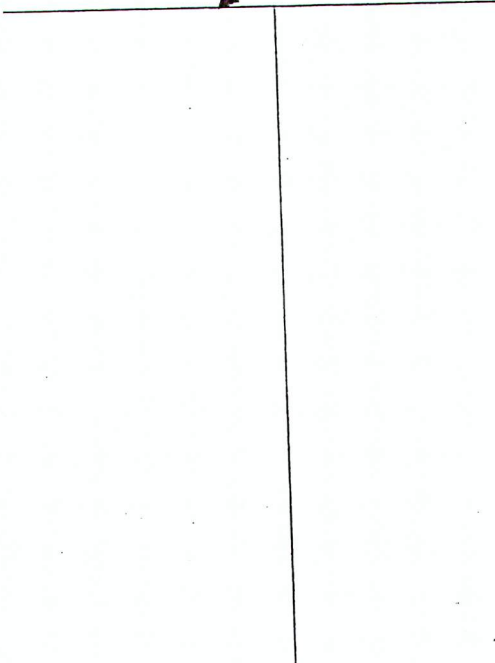
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The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

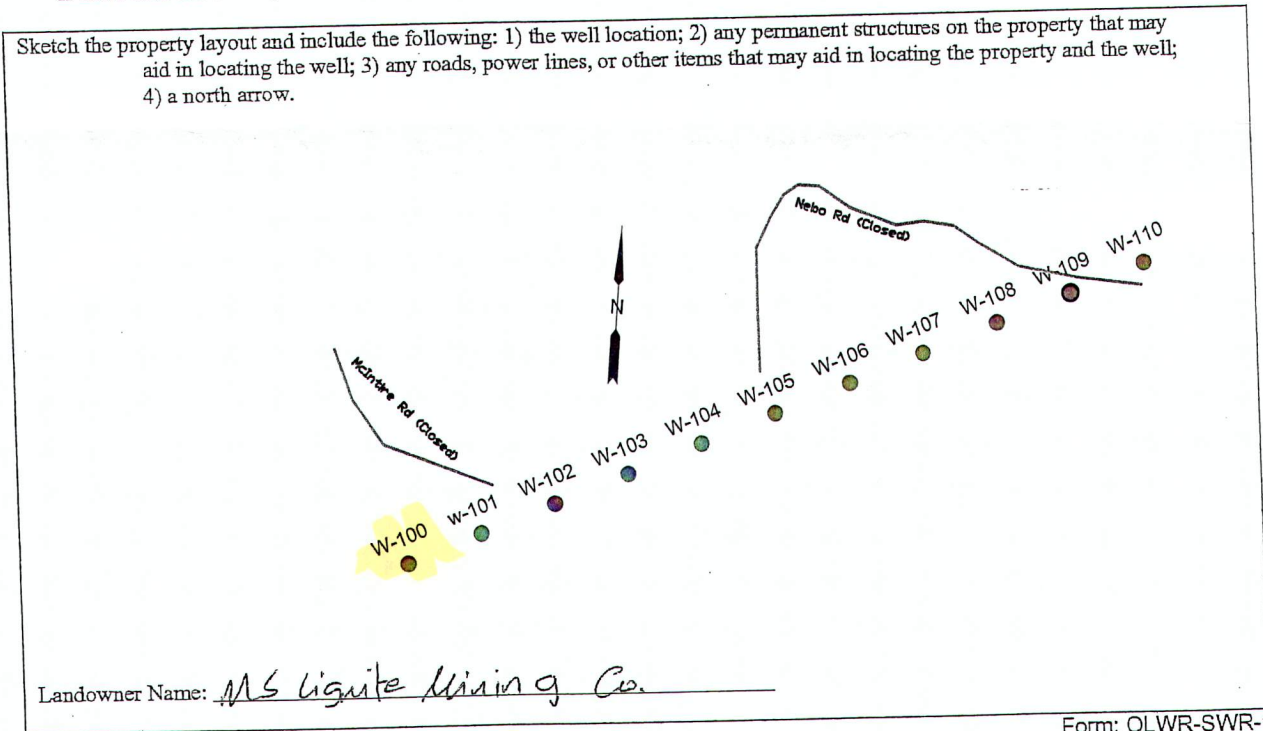
Ground Level



Description of Formations Encountered	From (depth)	To (depth)
SAND	Ground Level	41
LIGNITE	41	43
SAND	43	57
LIGNITE	57	60
CLAY	60	62
LIGNITE	62	64
SAND	64	76
LIGNITE	76	83
CLAY	83	93
LIGNITE	93	95
CLAY	95	99
LIGNITE	99	104
SANDY CLAY	105	138
LIGNITE	133	138
SAND	138	155
LIGNITE	155	163
SAND	163	183
LIGNITE	183	186
SAND	186	190

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.



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.

Randy SALTERS MS Lic 0779 GM
 Print Name of Responsible Licensee and License No.

6-20-07
 Date

Randy Salter
 Signature of Licensee

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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: CHICKASAW
 Permit #: _____
 Driller: RANDY SAERS
 Date completed: 3-27-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D-139
 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°23'19"</u> Longitude: <u>89°14'58"</u>
Mailing Address: <u>1000 McEntire Rd</u>	Method of Lat/Long (check one): Conventional Survey _____,
<u>Akerman, MS 39735</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 20 T 18N R 10E</u>
Telephone No. <u>(662) 387-5200</u>	Distance Direction Nearest Town
	<u>2.5</u> Miles <u>NW</u> of <u>CHESTER</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>.5</u>
Date Pump Installed: <u>3-29-2007</u>	Setting Depth: <u>193</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>3-29-2007</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>150</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>193</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>43</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>43</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 6-20-07 Randy Saers
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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