

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-141
 L. S. Elevation: _____
 B-log #: _____

County: Choctaw
 Permit #: _____
 Driller: Randy Salees
 Date drilling completed: 3-29-07

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' 26"</u> Longitude: <u>89° 14' 43"</u>
Mailing Address: <u>100 McIndree Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, <u>Survey-grade GPS</u>
<u>Ackerman, MS 39735</u>	<u>NE 1/4 SE 1/4 Sec 28 Twn 18N Rng 10E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>2.5 Miles NW of CHESTER</u>
Telephone No. <u>(662) 387-5200</u>	

Well / Borehole Data

Date drilling started: 3-3-07 Date drilling completed: 3-29-07 Hole depth: 200 Hole diameter: 4 3/4

Location of the source of any surface water used for drilling: LITTLE BYNNE 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: 169 feet above or below (circle one) land surface Date measured: 4-23-07

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

Well depth: 200 Well grouted to a depth of 150 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

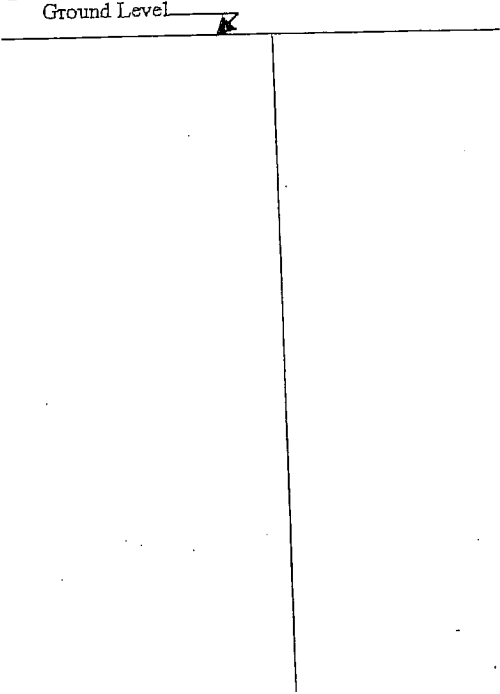
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D-141

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

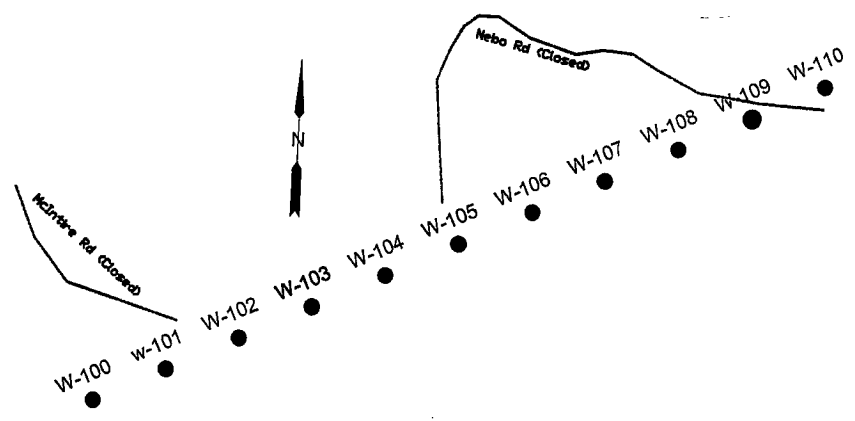
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground Level	36 36
Lignite	36	37
Sand	37	49
Lignite	49	50
Sand	50	66
Lignite	66	69
Clay	69	80
Lignite	80	83
Clay	83	134
Lignite	134	138
Clay	138	158
Lignite	158	164
Sand	164	180
Lignite	180	183
Sand	183	190
Clay	190	210

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.

Randy SAVERS MS 22 0779 GPM 6-21-07
 Print Name of Responsible Licensee and License No. Date

Randy Solars
 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: CHACTAW
 Permit #: _____
 Driller: RANDY SALEBS
 Date completed: 3-29-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D-141
 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°23'26"</u> Longitude: <u>89°14'23"</u>
Mailing Address: <u>1000 McEnire 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 SE 1/4 Sec 28 T 18N 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 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>5-21-07</u>	Setting Depth: <u>185</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>5-21-07</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>168</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>185</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>17</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>17</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 SALEBS MS Lic 0779 BM Randy Salebs
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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