

DW 56

County: CHOCTAW
 Permit #: _____
 Driller: RANDY SALERS
 Date drilling completed: 4-2-07

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-146
 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)	Well or Borehole Location
Owner Name: <u>MS Lignite Mining Co.</u>	Latitude: <u>33° 23' 01"</u> Longitude: <u>89° 13' 46"</u>
Mailing Address: <u>1000 McIntire Rd</u> <u>Ackerman, MS 39735</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, <u>Survey-grade GPS</u>
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NE 1/4 Sec 34 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: 9-23-06 Date drilling completed: 4-2-07 Hole depth: 195 Hole diameter: 4 3/4

Location of the source of any surface water used for drilling: LITTLE BAY' 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: 118.4 feet above or below (circle one) land surface Date measured: 4-15-07

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

Well depth: 195 Well grouted to a depth of 155 feet Type of grout (circle one) Neat Cement _____ Bentonite _____ Mix _____

Casing length: 168 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 160 feet to 190 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*

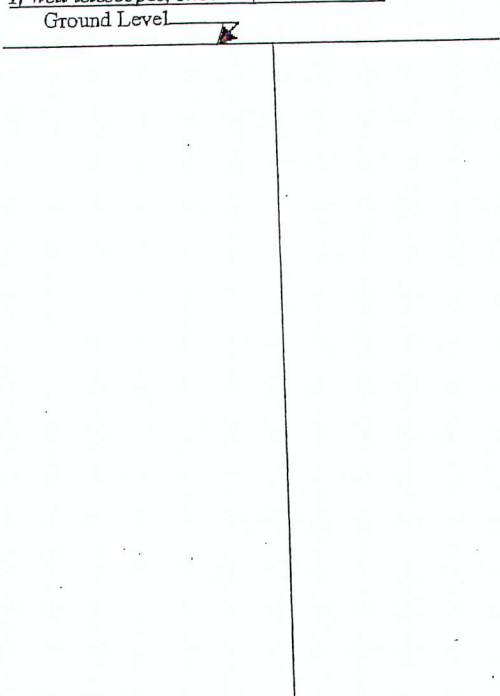
Form: OLWR-SWR-1A

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D-146

The sketch below only required for water wells

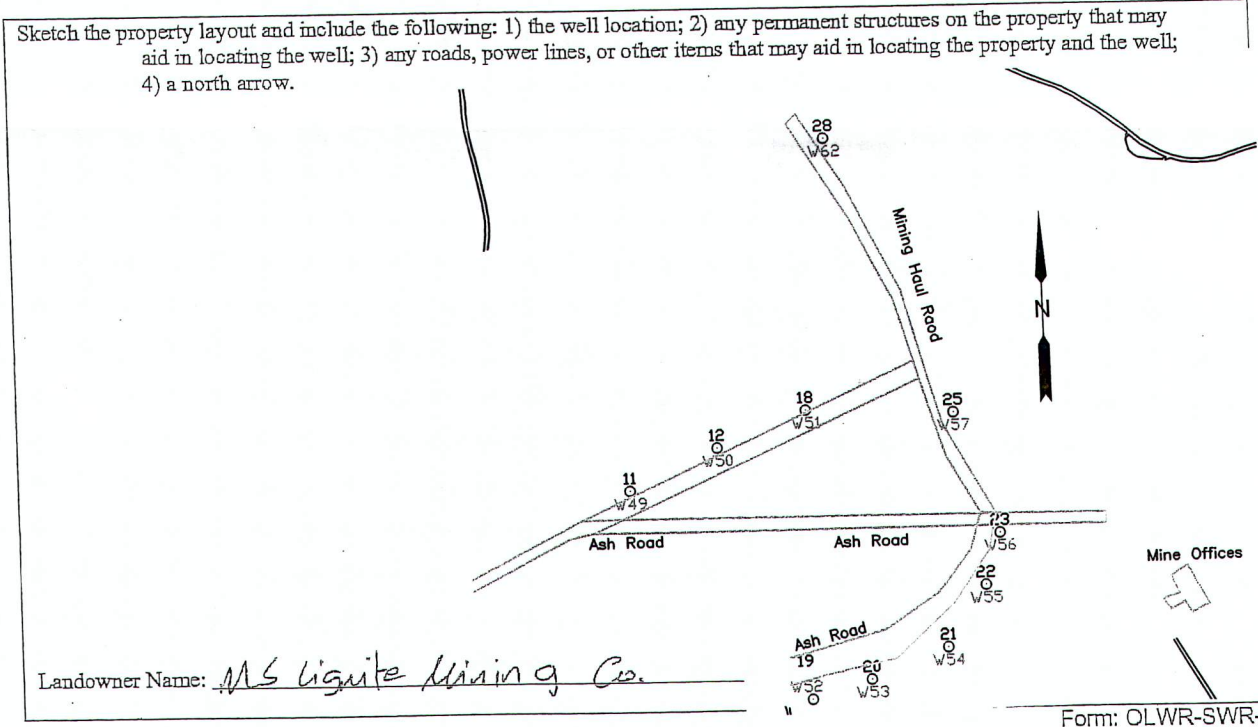
If well telescopes, show depths on sketch.



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	11
clay	11	73
Lignite	73	78
clay	78	84
Lignite	84	88
clay	88	112
Lignite	112	114
clay	114	150
Lignite	150	155
Sand	155	171
Lignite	171	173
sand	173	181
clay	181	200

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 SALERS MS LIC 07790M 6-21-07
 Print Name of Responsible Licensee and License No. Date

Randy Salen
 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: CHOCTAW
 Permit #: _____
 Driller: RANDY SALERS
 Date completed: 4-2-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D-146
 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°23'01"</u> Longitude: <u>89°13'46"</u>
Mailing Address: <u>1000 McZabire 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 NE 1/4 Sec 34 T18N R10E</u>
Telephone No. <u>(662) 387-5200</u>	Distance _____ Dirction _____ Nearest Town _____ <u>2.5 Miles NN 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>0.5</u>
Date Pump Installed: <u>4-24-07</u>	Setting Depth: <u>158</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>4-24-07</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>118.4</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>158</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>39.6</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>39.6</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 0779 GM Randy Salers
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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