

### 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-147  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Choctaw  
 Permit #: \_\_\_\_\_  
 Driller: Randy Selers  
 Date drilling completed: 4-3-07

*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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>MS Lignite Mining Co.</u>	Latitude: <u>33° 22' 31"</u> Longitude: <u>89° 15' 14"</u>
Mailing Address: <u>1000 McAndre 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>SE 1/4 SW 1/4 Sec 33 Twn 18 N Rng 10 E</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: 2-28-07 Date drilling completed: 4-3-07 Hole depth: 258 Hole diameter: 4 3/4

Location of the source of any surface water used for drilling: Little Spring 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

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: 139.4 feet above or below (circle one) land surface Date measured: 5-1-07

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

Well depth: 243 Well grouted to a depth of 185 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 195 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 0.01 inches Setting depth: From 195 feet to 235 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

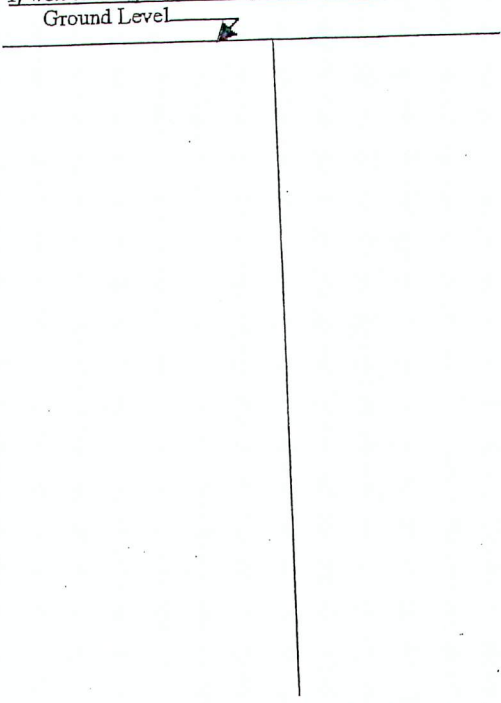
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D-147

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

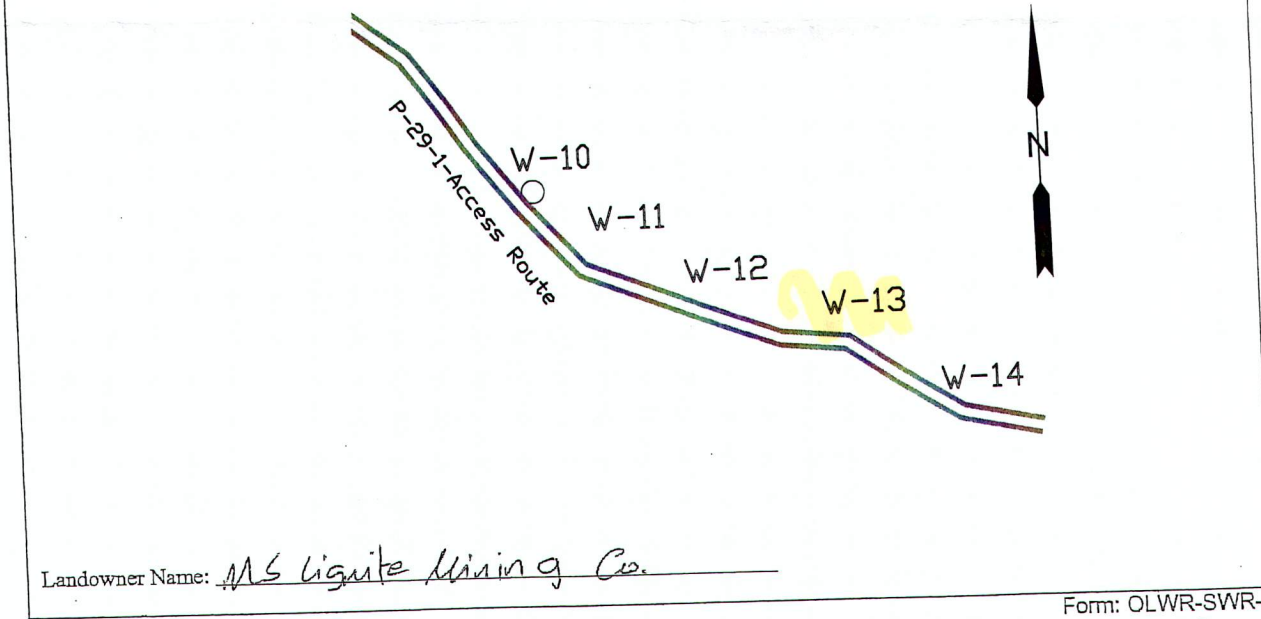
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground Level	15
clay	15	28
lignite	28	30
clay	30	49
Lignite	49	50
clay	50	70
Lignite	70	72
clay	72	84
lignite	84	85
clay	85	97
Lignite	97	101
clay	101	120
<del>clay</del> Lignite	120	<del>123</del> 123
clay	123	141
Lignite	141	145
clay	145	185
Lignite	185	189
sand	189	210
Lignite	210	213
sand	213	230
clay	230	250

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 Spiker MS LE 0779 GM      6-20-07  
 Print Name of Responsible Licensee and License No.      Date

Randy Spiker  
 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: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D-147  
 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° 22' 31"</u> Longitude: <u>89° 15' 14"</u>
Mailing Address: <u>1000 McEntire 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>SE 1/4 SW 1/4 Sec 23 T18N R10E</u>
Telephone No. <u>(662) 387-5200</u>	Distance Direction Ncarst Town <u>2.5 Miles NW of Chester</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <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>5-25-07</u>	Setting Depth: <u>217</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>5-25-07</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>138.4</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>217</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>77.6</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>77.6</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 SALTERS MS LIC 0779 G-M  
 Print Name of Pump Installer and License No. (if applicable)

Randy Salter  
 Signature of Pump Installer

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 Form: OLWR-SWR-1B

JUN 27 2007  
 BY: OLWR