

DW10

### 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 Sellers  
Date drilling completed: 4-9-07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: D-149  
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>Ackerlyman, MS 39235</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° 22' 36"</u> Longitude: <u>89° 15' 27"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, <u>Survey-grade GPS</u> <u>NE 1/4 SW 1/4 Sec 33 Twn 18N Rng 10E</u> Distance: <u>2.5</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Chester</u></p>
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**Well / Borehole Data**

Date drilling started: 3-2-07 Date drilling completed: 4-9-07 Hole depth: 218 Hole diameter: 4 3/4  
Location of the source of any surface water used for drilling: Little Bony 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 Biophysical 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: 108.4 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: 208 Well grouted to a depth of 150 feet Type of grout (circle one): Neat Cement Bentonite Mix  
Casing length: 160 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 160 feet to 200 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-149

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	108
Lignite	108	112
clay	112	153
Lignite	153	158
Sand	158	176
Lignite	176	180
Sand	180	203
Clay	203	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 LC 0779 GPM 6-20-07

Randy Sales

Print Name of Responsible Licensee and License No.

Date

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-149  
 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' 36"</u> Longitude: <u>89° 15' 27"</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>NE 1/4 SW 1/4 Sec 33 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 <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>6-15-07</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>6-15-07</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>108.4</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>84.6</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>84.6</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.

Landy SAIBERS MS LIC 0779                  Randy Salen  
 Print Name of Pump Installer and License No. (if applicable)                  Signature of Pump Installer

Form: OLWR-SWR-1B  
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