OW23

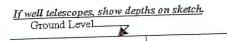
State W	For Office Use Only:	
Part 1 – Driller's Log		
Mississippi Departmer	and Water Resources Well #: <b>D</b> -153	
	Box 10631	
Driller: PANDY SALERS P.O. Jackson, M.	AS 39289-0631 L. S. Elevation:	
Date drilling completed: <u>4-18-01</u> (601) (601)35	)961-5210 54-6938 (fax) E-log#:	
State Law requires that this report be prepared by the li Department at the above address within 30 days of com	pletion of ariting of the weap of borehouse	
Information on Well Owner	Well of Dolehole Location	
(Landowner if borehole is not for a water well)	Latitude: 33 . 22 , 23 " Longitude: 39 . 14 , 33 "	
Owner Name 1915 Lignife Mining Co.		
Mailing Address: 1000 M'Inthre Rd	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Ackernen, MS 39735	<u>SW 1/4 SW 1/4 Sec 34 Twn 18N Rng DE</u>	
City State Zip Code	Distance Direction Nearest Town 2.5 Miles <u>NW</u> of <u>CHESTER</u>	
Telephone No. (10(2) 387 - 5200		
	rehole Data	
Date drilling started: <u>9-25-07</u> Date drilling completed: <u>4-8-07</u> Hole depth: <u>260</u> Hole diameter: <u>43/4</u>		
Location of the source of any surface water used for drilling: <u>LITTLE BYWY CREEK</u> Method of dosing and volume of Chlorine used in drilling and development: <u>I GAL BLEPCH TO 500 GAL WATER</u>		
Logs run (circle all applicable): No log run Electric Camma Ray Density Sonic Neutron Other:		
Purpose of borehole (check one): Water Well X Geotechnical/Geological Investigation Ground Source Heat Pump		
Seismic SurveyOther (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: <u>44.4</u> feet above of below (circle one) land surface Date measured: <u>4-23-07</u>		
Method of Measurement (circle one) steel tape electric tape air line other:		
Well depth: <u>260</u> Well grouted to a depth of <u>210</u> feet Type of grout (circle one) Neat Cement Bentonite Mix		
Casing length: <u>223</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>		
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>		
Screen slot size: 0.01 inches Setting depth: From 215 feet to 255 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: [cet. If telescoped or more than one screen, describe on next page		

Form: OLWR-SWR-1A

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## D-153

## 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

Description of Formations Encountered	From (depth)	To (depth)
Description of Formations Encountered	Ground Level	51
i i ita	51	52
D'CA.	52	22
Lispite	72	77
	77	94
s ad	84	101
C las	101	107
1 100 10	. 107	113
C (A	113	117
What te	117	123
[lei-	123	143
1 "and the	143	148
<u> </u>	148	207
1:00:40	207	212

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.

W-23

Landowner Name: MS liquite Minin q

.pplicable requirements of the I certify that the well/borehole was drilled, constructed, and completed in accordance with Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

LANdy SAIEPS M5 Lic 0779 GM 6-21-07 Dent Name of Responsible Licensee and License No. Date

Karly Salus

R-1 Pond

Print Name of Responsible Licensee and License No.

Signature of Licensee

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Form: OLWR-SWR-1A

STATE WE	LL REPORT
Permit #: Pump Installer's   Driller: RANDY SALERS   Date completed: 4-18-07 Jackson, M	art 2   For Office Use Only:     c Completion Report   Aquifer:     t of Environmental Quality   Aquifer:     Matter Resources   Well #:     Joan 10631   Well #:     961-5210   Elevation:
Copy information from block on Part 1     This part of the report must be completed by a licensed water well of report must be attached and both parts filed with the Department a Well Owner Information     Owner Name: M S Lignith Mining IO.     Mailing Address: 1000 M Endine Rad     Ackernam, MS 39735     City State Zip Code     Telephone No. (462) 387-5200	contractor or a licensed pump installer. A copy of Part 1 of the
Pump Type Circle one     Air Lift   Jet   Submersible     Bucket   Piston   Turbine   O     Centrifugal   Rotary   Flowing Well   O     Other (specify):	Power Type Circle one     Diesel Engine   Gasoline Engine   Natural Gas     Electric Motor   Hand   Tractor PTO     Windmill   Other (specify):
Pump Test Data     Date Well Tested: $4-29-07$ Static Water Level (A): $44.4$ Feet Below Land Surface     Pumping Water Level (B): $2/3$ Feet Below Land Surface     Drawdown [(B) - (A)]: $69.6$ Feet Below Land Surface     Test Pumping Rate: $3$ Gallons Per Minute     Duration of Pump Test (minimum 4 hours): $4$ hours     I HEREBY CERTIFY that the above statements are true to the best	Method of Measuring Water Level Circle one     Air Line   Electric Measuring Line   Steel Tape     Other (specify):
I HEREBY CERTIFY that the above statements are true to the best Randy Salky 5 M5 Lic 0778 GM Print Name of Pump Installer and License No. (if applicable)	Form: OLWR-SWR-1B RECEIVE

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