

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-159
 L. S. Elevation: _____
 E-log #: _____

County: CHOCTAW
 Permit #: _____
 Driller: RANDY SALERS
 Date drilling completed: 4-29-07

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' 36"</u> Longitude: <u>89° 14' 16"</u>
Mailing Address: <u>1000 McIndree 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</u> ¼ <u>SW</u> ¼ Sec <u>27</u> Twn <u>18N</u> Rng <u>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: 10-4-2006 Date drilling completed: 4-29-07 Hole depth: 135 Hole diameter: 4 3/4
 Location of the source of any surface water used for drilling: LITTLE BYWAY 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: 77 feet above or below (circle one) land surface Date measured: 5-15-07
 Method of Measurement (circle one) steel tape _____ electric tape _____ air line _____ other: _____
 Well depth: 135 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____
 Casing length: 118 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: 0.01 inches Setting depth: From _____ feet to _____ 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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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: 4-29-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D-159
 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°23'36"</u> Longitude: <u>89°14'16"</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 27 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 type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <input checked="" type="checkbox"/> 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>5-31-07</u>	Setting Depth: <u>120</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>5-31-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>77</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>43</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>43</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 G/M
 Print Name of Pump Installer and License No. (if applicable)

Randy Salers
 Signature of Pump Installer

Form OLWR-SWR-1B

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