

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 Saters
Date drilling completed: 9-5-07

For Office Use Only:
Aquifer: _____
Well #: D-166
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 <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° 22' 22"</u> Longitude: <u>89° 15' 15"</u>
Mailing Address: <u>1000 McAndre Rd</u> <u>Ackerlyman, 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 18N Rng 10E</u>
Telephone No. (601) <u>387-5200</u>	Distance: <u>2.5</u> Miles Direction: <u>WNW</u> of Nearest Town: <u>Chester</u>

Well / Borehole Data 450

Date drilling started: 8-31-07 Date drilling completed: 9-5-07 Hole depth: ~~450~~ 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 Alkal 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: 120 feet above or below (circle one) land surface Date measured: 9-10-07

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

Well depth: 415 Well grouted to a depth of 370 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 370 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 370 feet to 410 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*

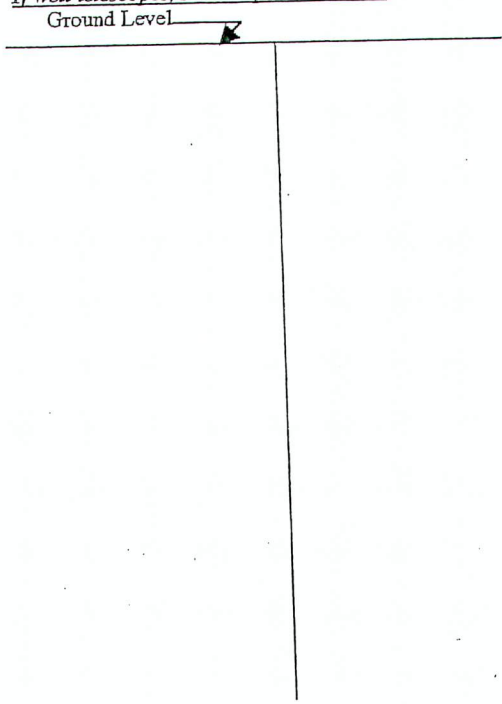
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D-166

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

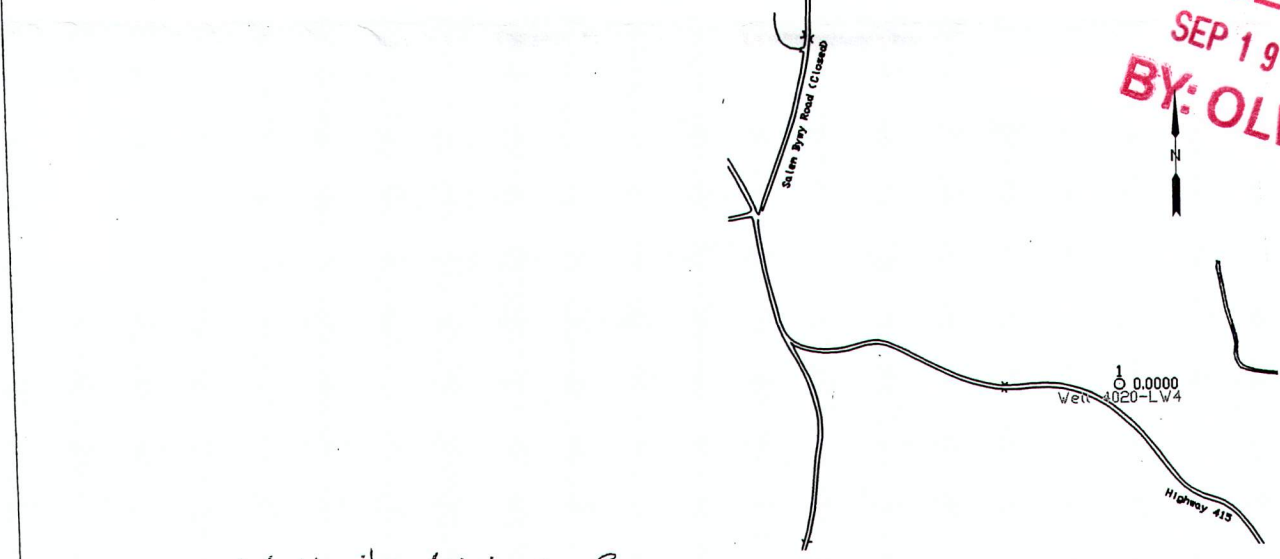
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	20
sand		
clay	20	62
lignite	62	63
clay	63	87
lignite	87	91
clay	91	148
lignite	148	152
clay	152	171
lignite	171	176
clay	176	208
lignite	208	214
clay	214	227
lignite	227	230
sand	230	250
clay	250	285
lignite	285	289
sand	289	305
clay	305	317
lignite	317	325
clay	325	370
sand	370	420
clay	420	470

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.



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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 LIC 0779 GM 8-30-07
 Print Name of Responsible Licensee and License No. Date

Randy Saver
 Signature of Licensee

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 Sellers
 Date completed: 8-5-07
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: D-166
 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' 22"</u> Longitude: <u>89° 15' 15"</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>SE</u> ¼ <u>SW</u> ¼ Sec <u>33</u> T <u>18N</u> R <u>10E</u>
Telephone No. <u>(662) 387-5200</u>	Distance _____ Dirction _____ Nearest Town _____ <u>2.5</u> Miles <u>NW</u> of <u>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>5</u>
Date Pump Installed: <u>9-13-07</u>	Setting Depth: <u>294</u> feet
Rated Pump Capacity: <u>7.5</u> Gallons Per Minute	Number of Stages: _____

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-13-07</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>115</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>294</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>179</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>179</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 Sellers MS Lic 0779 GM
 Print Name of Pump Installer and License No. (if applicable)

Randy Sellers
 Signature of Pump Installer