OW130

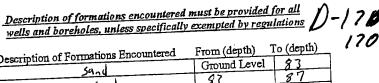
State W	ell Report			
	For Office Use Only:			
Micologinni Department	t of Environmental Quality Aquifer:			
	nd Water Resources Box $\frac{10631}{2309}$ Well #: $D - 120$			
Driller: Karoly Jaker J Jackson M	IS 39289-0631 39225 L. S. Elevation:			
Date drilling completed: 3-18-08 (601)	961-5210			
(601)354	E-log #:			
State Law requires that this report be prepared by the lice Department at the above address within 30 days of comp	ense holder responsible for the work and filed with the letion of drilling of the well or borehole.			
Information on Well Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well)	Latitude: <u>33°23 1982</u> Longitude: <u>89°15 20 30</u> 20			
Owner Name Mississippi Lighte Mining	Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address: 1000 Mc Intire Rd				
	USGS quad, Hand-held GPS, Survey-grade GPS			
	SE 1/4 SUM Sec 28 Twn 18N Rng 10E			
<u>Ackeman Ms 39735</u> City State Zip Code	Distance Direction Nearest Town			
	Distance Direction Nearest Town <u>2.5 Miles</u> <u>NW</u> of <u>Chester</u>			
Telephone No. (662) 387 - 5200				
Well / Bore	hole Data			
Date drilling started: $1 - 15 - 09$ Date drilling completed: $3 - 18 - 09$ Hole depth: 240 Hole diameter: 4				
Location of the source of any surface water used for drilling: $1 + t/e$. By my $CreelC$ Method of dosing and volume of Chlorine used in drilling and development: $1951 = bros + 0500 g51$ what e-				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Purpose of borehole (check one): Water Well Geotechnical/Geol	ogical Investigation Ground Source Heat Pump			
Seismic SurveyOther (<i>describe</i>)			
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: 193.5 feet above or below (circle one) land surface Date measured: $3-19-08$				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 238 Well grouted to a depth of 190 feet Type				
Casing length: <u>198</u> feet Casing diameter: <u>4</u>	_inches Type of casing: \underline{VVC}			
Screen length: <u>40</u> feet Screen diameter: <u>9</u>	inches Type of screen:			
Screen slot size: 0.01inches Setting depth: From	GO feet to 230 feet			
Type of completion (circle all applicable); Gravel packed Under	reamed Telescoped Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in casing:feet. If te	lescoped or more than one screen, describe on next page			
$\alpha = \alpha \alpha_{1}$	Form: OLWR-SWR-14			

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"The sketch below only required for water wells

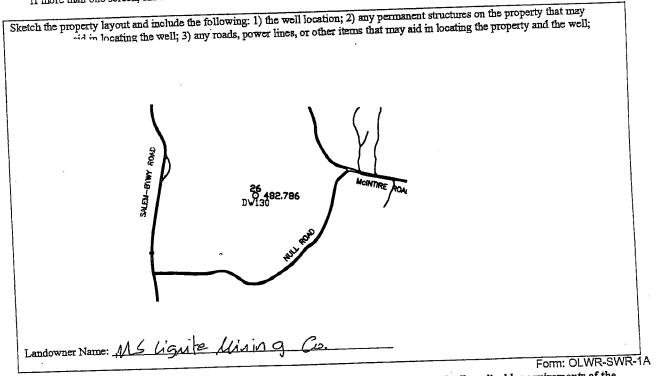
If well telescopes, show depths on sketch.



Ground Level

Description of Formations Encountered	From (depth)	
Sand	Ground Level	83
	83	87
600	81	108
sand	108	111
codl	100	129
sand	111	1.10
Coal	129	136
Sand	136	150
	. 150	157
606	157	182
synd	182	190
6061	190	208
Sung		1 212
(.04	v	

If more than one screen, show location of each on sketch



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

Date

KANGY SALEYS MELIC DTTS GA 3-18-08

Kardy Balen

Signature of Licensee

Print Name of Responsible Licensee and License No.

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DW130

	STATE WELL R	EPORT		
County: Chochan	Part 2 Pump Installer's Completi		For Office Use Only:	
Driller: Randy Salers	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)		Aquifer: Well #:	
Date completed: <u>3-18-08</u> Copy information from block on Part 1			Elevation:	
This part of the report must be completed by a report must be attached and both parts filed w	licensed water well contractor ith the Department at the above	or a licensed pump in a address within 30 da	istaller. A copy of Part 1 of the tys of well completion.	
Well Owner Information			Location	
Owner Name: <u>MS Lignite Mini</u> Mailing Address: <u>1000 MEAL're R</u>	1		Longitude: <u>89.015 '20,</u> 3 0 th e): Conventional Survey,	
Ackerman MS			GPS, Survey-grade GPS	
City State	Zip Code	14 5W 1/4 Sec 20	T INR 10E	
City State	Distance	Direction	Nearest Town	
Telephone No. (<u>462) 387-5200</u>	2.5	_Miles _NW of	Chester	
Pump Type Circle one			wer Type ircle one	
Air Lift Jet St	ibmersible Diesel E	ngine Gasolin	e Engine Natural Gas	
Bucket Piston Tr	rbine	Motor Hand	Tractor PTO	
Centrifugal Rotary	owing Well Windmi		(specify):	
Other (specify):	Horse P	ower Rating of Motor		
Date Pump Installed: $3 - 19 - 09$	Setting	Depth: 223	feet	
Rated Pump Capacity: 7.5 Ga	llons Per Minute Number	of Stages:		
Date Well Tested: $3 - 19-03$			asuring Water Level ircle one	
	Air Line	Electric Mea	suring Line Steel Tape	
12)	ow Land Surface Other (s	pecify):		
· · · · ·	low Land Surface For flow	ving well, measured sl	nut in head:feet	
3	llons Per Minute Well yi	elded 3	GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	<u> </u>	0.5 feet after	46 hours of pumping	
I HEREBY CERTIFY that the above statemen	ts are true to the best of my know	wledge.		
RANdy SAIErs MS Lic 077 Print Name of Pump Installer and License No.	9GM Re	Signature of Pump In	nstaller	
			Form: OLWR-SWR-1B	

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