

DW111

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: 4-9-08

For Office Use Only:
 Aquifer: _____
 Well #: D-181
 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>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Mississippi Lignite Mining Co</u> Mailing Address: <u>1000 McIntire Rd</u> <u>Ackerly</u> <u>Ms</u> <u>39735</u> City State Zip Code Telephone No. <u>(662) 387-5200</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 22' 49.11"</u> Longitude: <u>89° 15' 55.23"</u> <u>49</u> <u>55</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 NE 1/4 Sec 32 Twn 18N Rng 10E</u> Distance Direction Nearest Town <u>2.5</u> Miles <u>NW</u> of <u>Chester</u></p>
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Well / Borehole Data

Date drilling started: 1-11-08 Date drilling completed: 4-9-08 Hole depth: 220 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 chlorox 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: 117.8 feet above or below (circle one) land surface Date measured: 4-10-08

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

Well depth: 183 Well grouted to a depth of 140 feet Type of grout (circle one): Neat Cement Bentonite Mix _____

Casing length: 158 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 150 feet to 190 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*

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \rightarrow

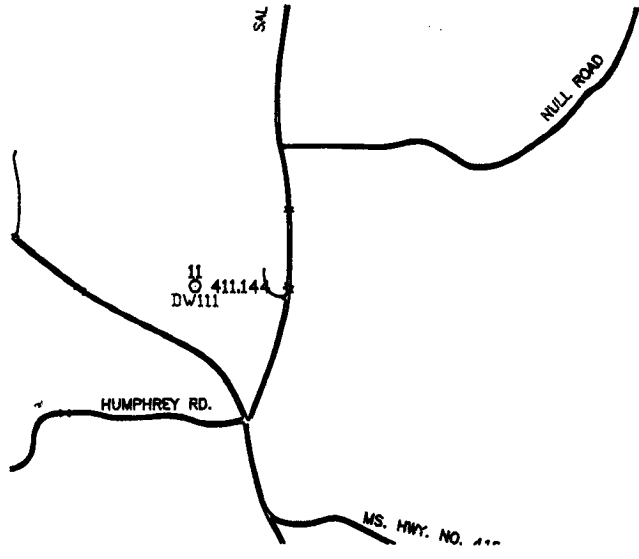
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

D-181

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
clay	71	71
coal	71	76
clay	76	109
coal	109	114
clay	114	140
coal	140	150
sandy clay	150	166
coal	166	173
sandy	173	194
coal	194	202
sandy	202	220

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 SAJERS MS LIC 0779 GM
Print Name of Responsible Licensee and License No.

4-15-08
Date

Randy Sakers
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)

For Office Use Only:

Aquifer: _____

Well #: D-181

Elevation: _____

County: Chester

Permit #: _____

Driller: Randy Sellers

Date completed: 4-9-08

Copy information from block on Part 1

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

Owner Name: MS Lignite Mining Co.

Mailing Address: 1000 McEntire Rd
Ackerlyman, MS 39735

City State Zip Code

Telephone No. (662) 387-5200

Well Location

Latitude: 33°22'44.11" Longitude: 89°15'55.24"

Method of Lat/Long (check one): Conventional Survey _____

USGS quad _____ Hand-held GPS _____ Survey-grade GPS

SE 1/4 NE 1/4 Sec 32 T 18N R 10E

Distance Direction Nearest Town

2.5 Miles NW of Chester

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 4-15-08

Rated Pump Capacity: 7.9 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
Windmill Other (specify): _____

Horse Power Rating of Motor: .5

Setting Depth: 183 feet

Number of Stages: _____

Pump Test Data

Date Well Tested: 4-10-08

Static Water Level (A): 117.8 Feet Below Land Surface

Pumping Water Level (B): 183 Feet Below Land Surface

Drawdown [(B) - (A)]: 66.8 Feet Below Land Surface

Test Pumping Rate: 3 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 3 GPM with a drawdown of

66.8 feet after 4 hours of pumping

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

Form: OLWR-SWR-1B