

DW112

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: 4-9-08

For Office Use Only:
 Aquifer: _____
 Well #: D-182
 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>Ackerman</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' 57.08"</u> Longitude: <u>89° 15' 58.63"</u> Method of Lat/Long (circle one): <u>50</u> Conventional Survey, <u>59</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SE</u> ¼ <u>NE</u> ¼ Sec <u>32</u> Twn <u>18N</u> Rng <u>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: 198 Hole diameter: 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 feet above or below (circle one) land surface Date measured: 4-9-08
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 198 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 _____

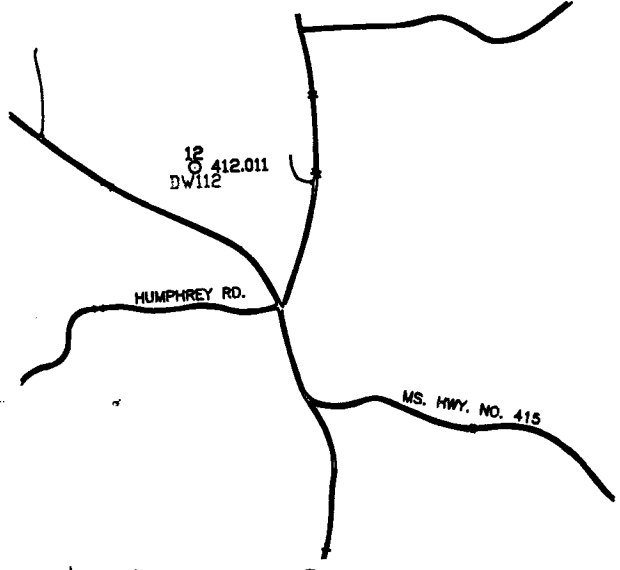
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

D-182

Description of Formations Encountered	From (depth)	To (depth)
clay	Ground Level	75
coal	75	80
clay	80	110
coal	110	115
clay	115	141
coal	141	145
sand	145	165
coal	165	175
sand	175	200

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 Ligite 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.

Mandy SALES MSLE 0779GM
Print Name of Responsible Licensee and License No.

4-9-08
Date

Randy Bowen
Signature of Licensee

DW112

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 Sakers
 Date completed: 4-9-08
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: D-182
 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°22'50.08"</u> Longitude: <u>89°15'58.62"</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>SE 1/4 NE 1/4 Sec 32 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 _____ <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>4-10-08</u>	Setting Depth: <u>1.83</u> feet
Rated Pump Capacity: <u>7.4</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-9-08</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>117</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>183</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>66</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>66</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 Sakers MS Lic 0779 GM _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer