

0W116

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: Chester
 Permit #: _____
 Driller: Randy Steers
 Date drilling completed: 4-14-08

For Office Use Only:
 Aquifer: _____
 Well #: D-186
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>M. Mississippi Lignite Mining Co</u>	Latitude: <u>33° 22' 59.77" N</u> Longitude: <u>89° 10' 04.74" W</u>
Mailing Address: <u>1000 McIntire Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Akerman</u> <u>Ms</u> <u>39725</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 32 Twn 18N Rng 10E</u>
Telephone No. <u>(662) 387-5200</u>	Distance Direction Nearest Town <u>2.5</u> Miles <u>NW</u> of <u>Chester</u>

Well / Borehole Data

Date drilling started: 1-13-07 Date drilling completed: 4-14-08 Hole depth: 188 Hole diameter: 4

Location of the source of any surface water used for drilling: Little Bony Rd

Method of dosing and volume of Chlorine used in drilling and development: 1997 clorox 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): _____

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: 105.2 feet above or below (circle one) land surface Date measured: 4-14-08

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

Well depth: 188 Well grouted to a depth of 130 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 148 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 140 feet to 180 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*

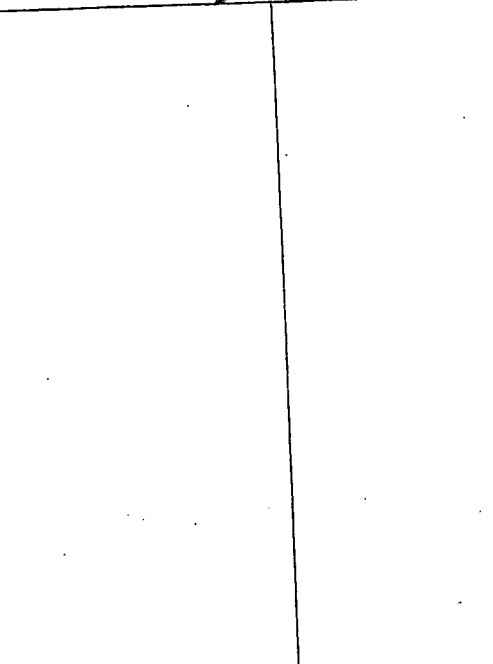
The sketch below only required for water wells

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

D-186

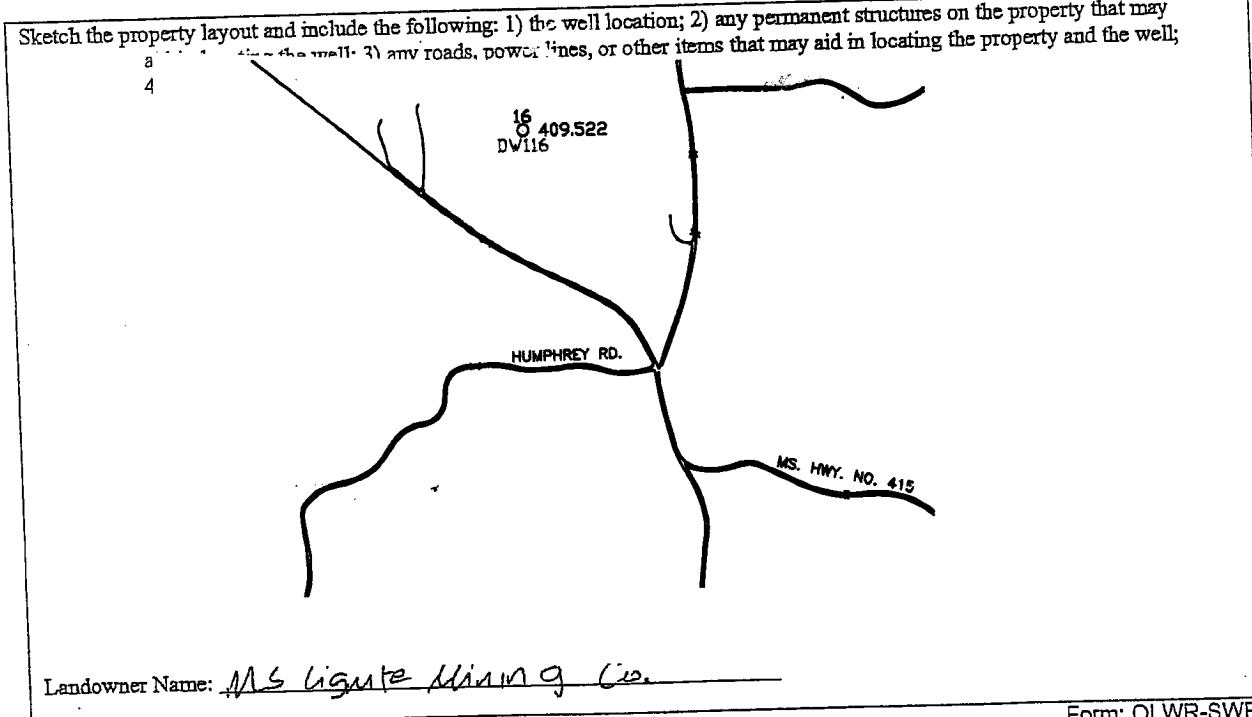
If well telescopes, show depths on sketch.

Ground Level R



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	15
sand	15	19
coal	15	102
clay	102	107
coal	107	131
clay	131	141
coal	141	158
sand	158	162
coal	162	195
sand	195	200

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



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.

Print Name of Responsible Licensee and License No. Randy SALTERS MS Lic 0779 GM

Date 4-14-08

Signature of Licensee Randy SALTERS

DW116

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: Chester
 Permit #: _____
 Driller: Randy Saters
 Date completed: 4-14-08
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: D-186
 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' 59.77</u> Longitude: <u>89° 16' 04.74</u>
Mailing Address: <u>1000 McZabire Rd</u> <u>Ackermon, 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>NW 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 <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>4-14-08</u>	Setting Depth: <u>173</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>4-14-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>92.2</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>173</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>81</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>81</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 Saters MS Lic 0779 GM Print Name of Pump Installer and License No. (if applicable)

Randy Saters Signature of Pump Installer