

DW120

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: 5-23-08

For Office Use Only:
 Aquifer: _____
 Well #: D-190
 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>Mississippi Lignite Mining Co.</u>	Latitude: <u>33° 23' 16.32"</u> Longitude: <u>89° 15' 51.92"</u>
Mailing Address: <u>1000 McIntire Rd</u>	Method of Lat/Long (circle one): <u>06</u> Conventional Survey, <u>52</u>
<u>Akerman</u> <u>MS</u> <u>39735</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 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: 1-13-08 Date drilling completed: 5-21-08 Hole depth: 180 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 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: 111.6 feet above or below (circle one) land surface Date measured: 5-22-08

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

Well depth: 173 Well grouted to a depth of 115 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 133 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 125 feet to 165 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*

Form: OLWR-SWR-1A

RECEIVED
JUN 11 2008
BY: OLWR

D-190

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

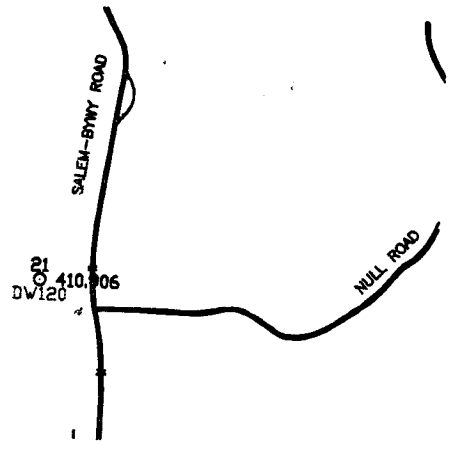
If well telescopes, show depths on sketch.

Ground Level

Description of Formations Encountered	From (depth) Ground Level	To (depth)
sand	21	21
coal	21	23
clay	23	50
coal	50	57
clay	57	64
coal	64	65
clay	65	84
coal	84	85
clay	85	120
coal	120	127
sand	127	145
coal	145	149
sand	149	185
coal	185	190

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.

Randy SALEWS 0779 GM
Print Name of Responsible Licensee and License No.

5-27-07
Date

Randy Salew
Signature of Licensee

RECEIVED
JUN 11 2008
BY: OLWR

DW120

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-190

Elevation: _____

County: Chester

Permit #: _____

Driller: Randy Salers

Date completed: 5-27-08

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	Well Location
Owner Name: <u>MS Lignite Mining Co.</u>	Latitude: <u>33°23'06.32"</u> Longitude: <u>89°15'51.97"</u>
Mailing Address: <u>1000 McEnire Rd</u> <u>Atkinson, MS 39735</u>	Method of Lat/Long (check one): Conventional Survey _____
City _____ State _____ Zip Code _____	USGS quad _____, Hand-held GPS _____, Survey-grade GPS <input checked="" type="checkbox"/>
Telephone No. <u>(662) 387-5200</u>	<u>NE 1/4 NE 1/4 Sec 32 T 18N R 10E</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>2.5</u> Miles <u>NW</u> of <u>Chester</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>5-27-08</u>	Setting Depth: <u>158</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>5-22-08</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>111.6</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>158</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>47.6</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>47.6</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 SALERS 0779 GPM Randy Salers
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED
JUN 11 2008
BY: OLWR

