

0W145

County: Choctaw
 Permit #: _____
 Driller: Randy Salyer
 Date drilling completed: 7-30-08

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)

For Office Use Only:
 Aquifer: _____
 Well #: D-193
 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>Mississippi Legume Mfg Co</u>	Latitude: <u>33° 23' 49"</u> Longitude: <u>89° 14' 12"</u>
Mailing Address: <u>1000 McArthur Rd</u> <u>Ackerly, MS 39235</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 SW 1/4 Sec 27 Twn 18N Rng 10E</u>
Telephone No. <u>(662) 357-5200</u>	Distance: <u>25</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Choctaw</u>
Well / Borehole Data	
Date drilling started: <u>01-05-08</u> Date drilling completed: <u>7-30-08</u> Hole depth: <u>133</u> Hole diameter: <u>4</u>	
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal down to 500 gal water</u>	
Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input checked="" type="checkbox"/> Density <input checked="" type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): <u>Century Wireline Services</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/>	
Seismic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>46.0</u> feet above or below (circle one) land surface Date measured: <u>7-30-08</u>	
Method of Measurement (circle one) steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: _____	
Well depth: <u>133</u> Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix <input type="checkbox"/>	
Casing length: <u>35</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>0.01</u> inches Setting depth: From <u>95</u> feet to <u>135</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

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DW145

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: Clackson
 Permit #: _____
 Driller: Randy Sellers
 Date completed: 7-30-08
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: D-193
 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° 23' 49"</u> Longitude: <u>89° 14' 12"</u>
Mailing Address: <u>1000 McIndire Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Akerman, ms 39735</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS <input checked="" type="checkbox"/>
City _____ State _____ Zip Code _____	<u>SE 1/4 NW 1/4 Sec 27 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: _____
Date Pump Installed: <u>7-29-08</u>	Setting Depth: <u>118</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>7-30-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>46.8</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>118</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>62.8</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>62.8</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 Sellers MS 07796M
 Print Name of Pump Installer and License No. (if applicable)

Randy Sellers
 Signature of Pump Installer

Form: OLWR-SWR-1B

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