

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: Choctaw
 Permit #: MS Lic 0779 GM
 Driller: Randy Salers
 Date drilling completed: 4/08/09

For Office Use Only:
 Aquifer: _____
 Well #: D-175
 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>MS Lignite Mining Co</u>	Latitude: <u>33 ° 23 ' 33 "</u> Longitude: <u>89 ° 14 ' 37 "</u>
Mailing Address: <u>1000 McIntire Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, <u>Survey-grade GPS</u>
<u>Ackerman MS 39735</u> City State Zip Code	<u>NW ¼ SW ¼ Sec 27 Twn 18N Rng 10E</u>
Telephone No. (<u>662</u>) <u>387-5200</u>	Distance <u>2.5</u> Miles Direction <u>NW</u> of Nearest Town <u>Chester</u>

Well / Borehole Data

Date drilling started 4/04/09 Date drilling completed: 4/08/09 Hole depth: 193 Hole diameter: 4.75

Location of the source of any surface water used for drilling: Little ByWy
 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): 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: 120 feet above or below (circle one) land surface Date measured: 4/08/09

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

Well depth: 200 Well grouted to a depth of 155 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 163 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 155 feet to 195 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 (04/08)

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STATE WELL REPORT

Part 2

County: Choctaw
 Permit #: MS Lic 0779 GM
 Driller: Randy Salers
 Date completed: 4/08/09
Copy information from block on Part 1

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: D-195
 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>33d23'33"</u> Longitude: <u>89d14'37"</u>
Mailing Address: <u>1000 McIntire Rd</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> , USGS quad <input type="checkbox"/> , Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input checked="" type="checkbox"/>
<u>Ackerman MS 39735</u> City State Zip Code	NW <input type="checkbox"/> SW <input type="checkbox"/> Sec <u>27</u> T <u>18N</u> R <u>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="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>0.5</u>
Date Pump Installed: <u>4/08/09</u>	Setting Depth: <u>193</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/08/09</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>193</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>73</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>73</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 MS Lic 0779
 Print Name of Pump Installer and License No. (if applicable)

Randy Salers
 Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

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