

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: 4/09/09

For Office Use Only:

Aquifer: _____
Well #: D-196
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.

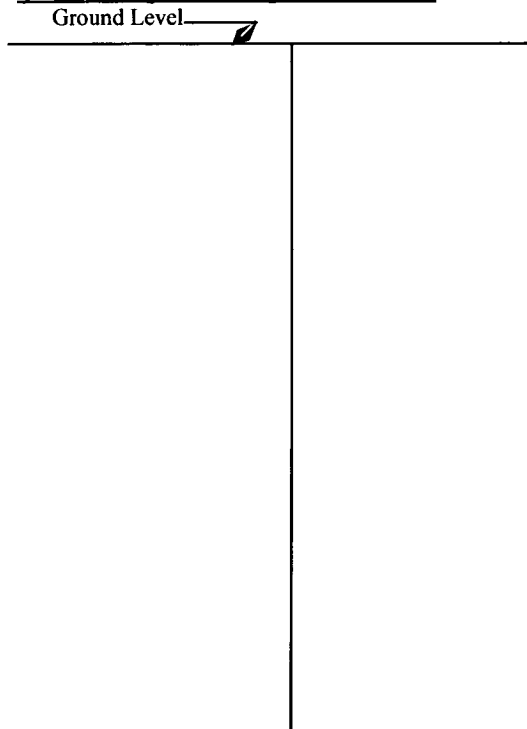
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>MS Lignite Mining Co</u>	Latitude: <u>33 ° 23 ' 35 "</u> Longitude: <u>89 ° 14 ' 32 "</u>
Mailing Address: <u>1000 McIntire Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, <u>Survey-grade GPS</u>
<u>Ackerman</u> MS <u>39735</u>	<u>SE</u> ¼ <u>NW</u> ¼ Sec <u>27</u> Twn <u>18N</u> Rng <u>10E</u>
City State Zip Code	Distance Direction Nearest Town <u>2.5</u> Miles <u>NW</u> of <u>Chester</u>
Telephone No. (<u>662</u>) <u>387-5200</u>	
Well / Borehole Data	
Date drilling started <u>4/08/09</u> Date drilling completed: <u>4/09/09</u> Hole depth: <u>198'</u> Hole diameter: <u>4.75"</u>	
Location of the source of any surface water used for drilling: <u>Little ByWy</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1 GAL Clorox to 500 Gal Water</u>	
Logs run (circle all applicable): No log run <u>Electric</u> <u>Gamma Ray</u> <u>Density</u> <u>Sonic</u> <u>Neutron</u> Other: _____	
Name of organization running log(s): <u>Century Geophysical Corp.</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ 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 _____ Industrial <input checked="" type="checkbox"/> Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>120</u> feet above or below (circle one) land surface Date measured: <u>4/09/09</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>198</u> Well grouted to a depth of <u>145</u> feet Type of grout (circle one): Neat Cement Bentonite <u>Mix</u>	
Casing length: <u>193</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>153</u> feet to <u>193</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development 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 (04/08)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

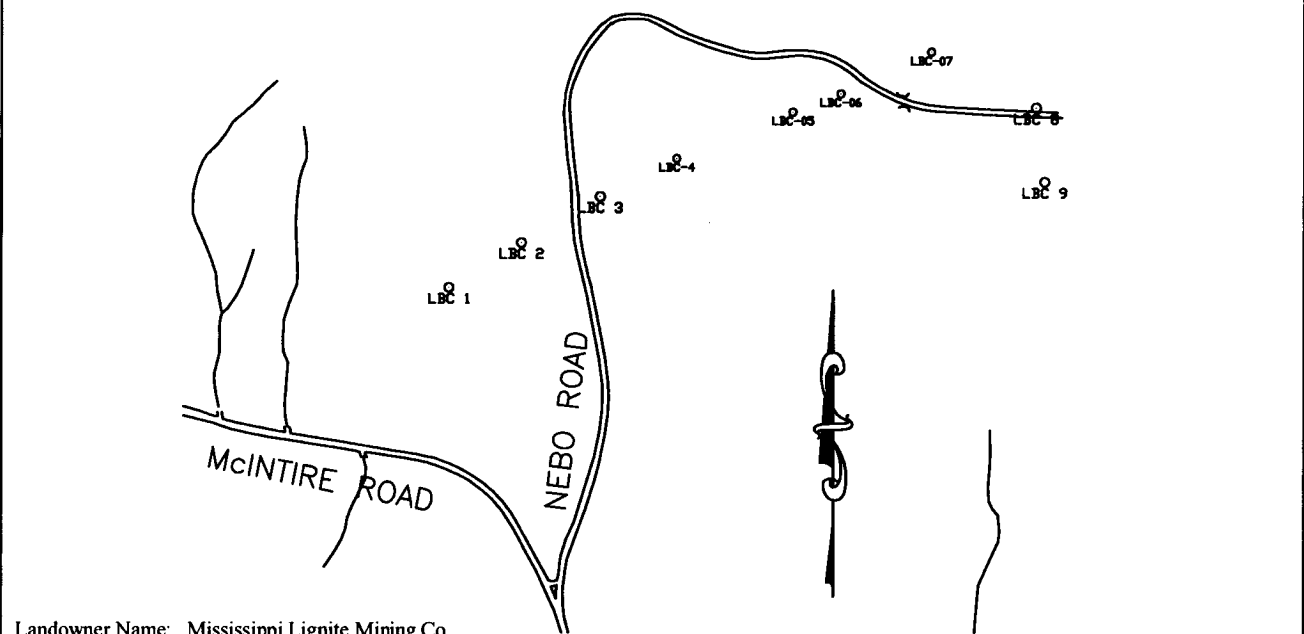
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	

No Log Run

D-196

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: Mississippi Lignite Mining Co

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

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 Salers MS lic 0779 GM
Print Name of Responsible Licensee and License No.

4-9-09
Date

Randy Salers
Signature of Licensee

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STATE WELL REPORT

Part 2

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)

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

For Office Use Only:

Aquifer: _____
 Well #: D-196
 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>33d23'35"</u> Longitude: <u>89d14'32"</u>
Mailing Address: <u>1000 McIntire Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Ackerman 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 <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> Hand Tractor PTO
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>4/09/09</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>4/09/09</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>120.4</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>190</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>69.1</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>69.1</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 Randy Salers
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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