

**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: 4/10/09

For Office Use Only:

Aquifer: _____
 Well #: D-197
 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.

<p align="center">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>MS Lignite Mining Co</u> Mailing Address: <u>1000 McIntire Rd</u> _____ <u>Ackerman</u> <u>MS</u> <u>39735</u> City State Zip Code Telephone No. (<u>662</u>) <u>387-5200</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>33 ° 23 ' 37 "</u> Longitude: <u>89 ° 14 ' 28 "</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, <u>Survey-grade GPS</u> <u>SE ¼ NW ¼</u> Sec <u>27</u> Twn <u>18N</u> Rng <u>10E</u> Distance <u>2.5</u> Miles Direction <u>NW</u> of Nearest Town <u>Chester</u></p>
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Well / Borehole Data

Date drilling started 4/09/09 Date drilling completed: 4/10/09 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: 118.4 feet above or below (circle one) land surface Date measured: 4/09/09
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 193 Well grouted to a depth of 145 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 153 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 150 feet to 190 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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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level _____

This section contains a large empty rectangular box for sketching well telescopes and depths. At the top left, there is a horizontal line labeled "Ground Level" with an arrow pointing to the right. A vertical line descends from the "Ground Level" line and runs down the left side of the sketch area.

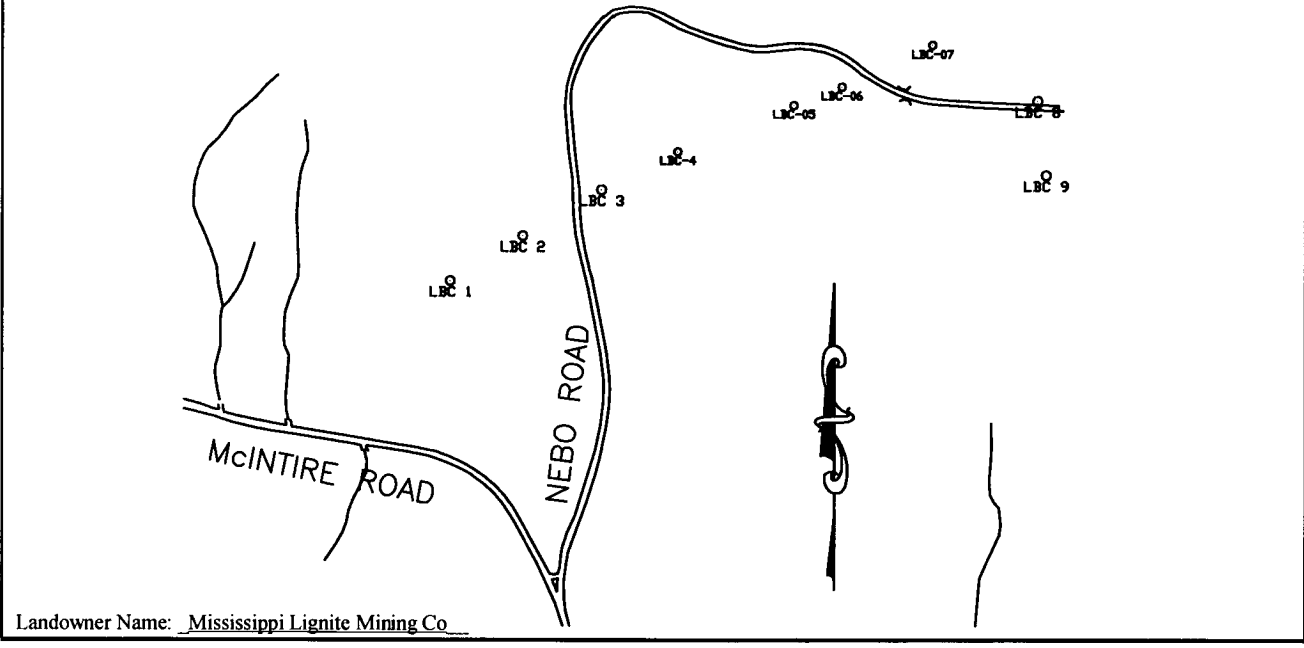
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
No Log Run		

D-197

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: 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.

<u>Randy Salers MS lic 0779 GM</u>	<u>4-10-09</u>	<u>Randy Salers</u> RECEIVED
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee
		MAY 05 2009
		BY: OLWR

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: 4/10/09
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: D-197
 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>33d23'37"</u> Longitude: <u>89d14'28"</u>
Mailing Address: <u>1000 McIntire Rd</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>Ackerman MS 39735</u>	USGS quad <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> 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>4/10/09</u>	Setting Depth: <u>187</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>4/10/09</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>118.9</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>187</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>68.1</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>68.1</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
 Print Name of Pump Installer and License No. (if applicable)

Randy Salers
 Signature of Pump Installer

Form: OLWR-OWR-15 (04/08)

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