

**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: 4/23/09

For Office Use Only:
Aquifer: _____
Well #: D-204
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 ' 46 "</u> Longitude: <u>89 ° 14 ' 16 "</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>SE ¼ NW 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 4/21/09 Date drilling completed: 4/23/09 Hole depth: 170 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 ___ X Public Supply ___ Irrigation ___ Fish Culture ___ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 83.2 feet above or below (circle one) land surface Date measured: 4/23/09

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

Well depth: 170 Well grouted to a depth of 145 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 155 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.01 inches Setting depth: From 145 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*

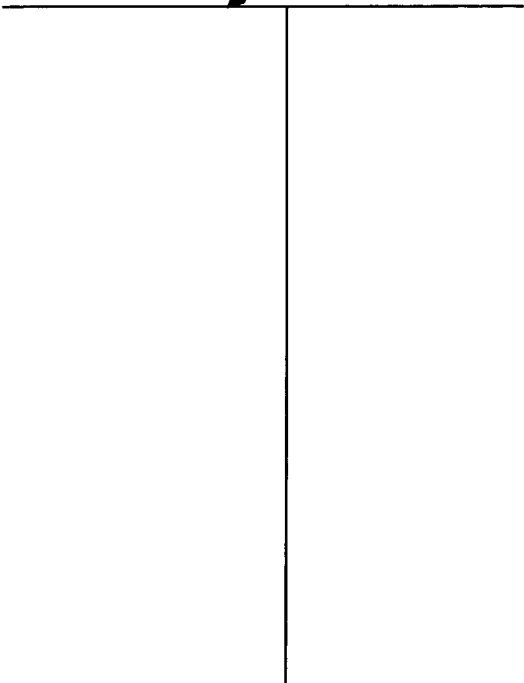
Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



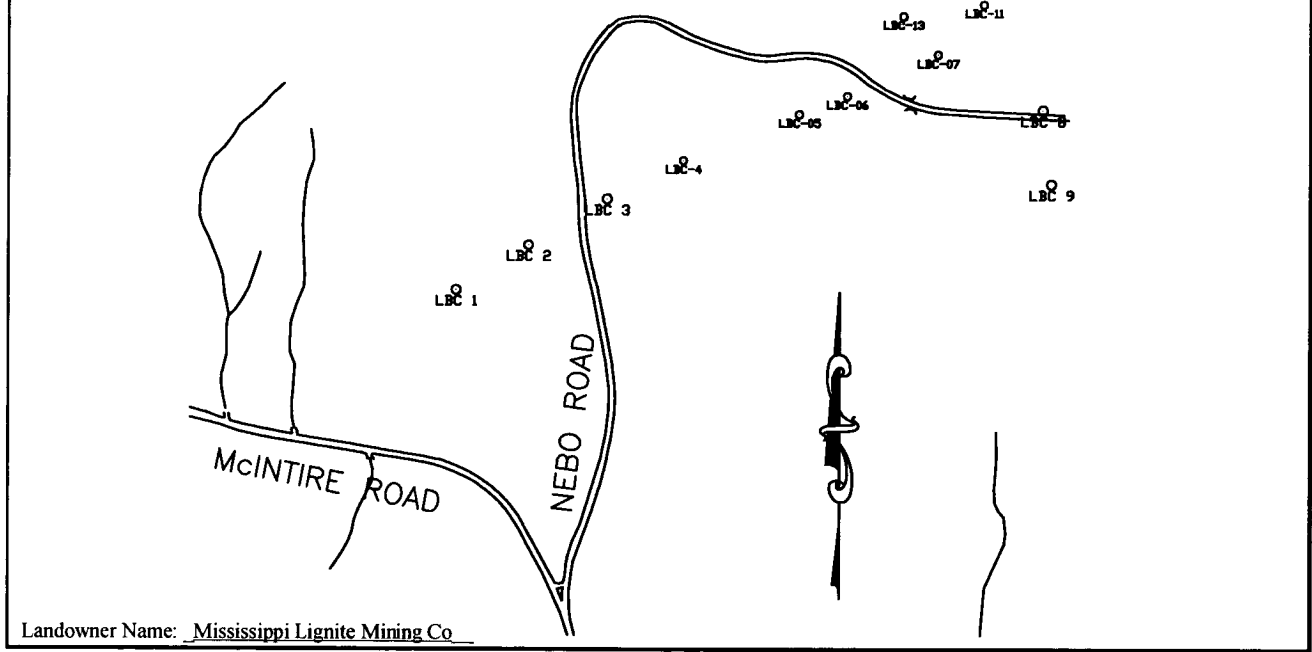
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
SAND	Ground Level	40
SANDY CLAY	40	60
LEGNITE	60	67
CLAY	67	96
LEGNITE	96	102
CLAY	102	121
LEGNITE	121	127
SAND	127	142
LEGNITE	142	146
SAND	146	162
LEGNITE	162	165
SAND	165	170

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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.

Randy Salers MS lic 0779 GM

4-23-09

Randy Salers

Print Name of Responsible Licensee and License No.

Date

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: 4/23/09
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: D-209
 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>33d23'46"</u> Longitude: <u>89d14'16"</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</u> <u>39735</u>	<u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ Sec <u>27</u> T <u>18N</u> R <u>10E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>662</u>) <u>387-5200</u>	<u>2.5</u> Miles <u>NW</u> of <u>Chester</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>4/23/09</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>100</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/23/09</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>83.2</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Randy Salers MS Lic 0779 GM Randy Salers
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-**RECEIVED**

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