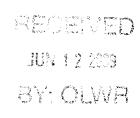
	State W	ell Report	
County: Choctaw	Part 1 – Driller's Log Mississippi Department of Environmental Quality Office of Land and Water Resources		For Office Use Only:
Permit #: MS Lic 0779			•
Driller: Randy Salers		3ox 2309 , MS 39225	Well #:
Date drilling completed: 5/11/09) (601)9	61- 5210	L. S. Elevation:
Date drilling completed.	(601)961	- 5228 (fax)	E-log #:
State Law requires that this repor	t be prepared by the lice	nse holder responsible	for the work and filed with the
Department at the above address		letion of drilling of the	well or borehole.
Information on Well ((Landowner if borehole is not fo	,		or Borehole Location
, , ,	ŕ	Latitude: 33 ° 23 ,	10 " Longitude: 89, 15 , 10 "
Owner Name MS Lignite Mir		Method of Lat/Long (circle one): Conventional Survey,	
Mailing Address: 1000 McIntir	e Rd		-held GPS, Survey-grade GPS
Ackerman MS	39735		Twn 18N Rng 10E
City Sta			
Telephone No. (662) 387-5200		MilesNW	of Chester
receptione no.			
	Well / Bore		
Date drilling started: 5/7/09 Date dr	illing completed: 5/11	/ 0.9 _{Hole depth:} 145	Hole diameter:_ 4.75
Location of the source of any surface water	er used for drilling: Li	ttle ByWy	
Method of dosing and volume of Chlorin	e used in drilling and devel	opment: 1 GAl Cl	orox to 500 Gal Water
Logs run (circle all applicable): No log run Name of organization running log(s): CE	n Electric Gamma Ray ntury Geophysi	Density Sonic Neutr	on Other:
Purpose of borehole (check one): Water W	ell X Geotechnical/Geolo	ogical Investigation G	round Source Heat Pump
Seismic	Survey Other (describe))	
	to water well construction		•
Purpose of Well (check one): Homel	ndustrial X Public Supply	Irrigation Fish Cu	lture Other:
If a flowing well, method of flow regulation	on: ValveO	ther (describe)	
Static Water Level: 34.4 feet al	bove or below (circle one) l	and surface Date measu	ured:
Method of Measurement (circle one) s			
Well depth: 135 Well grouted to a de	epth of 80 feet Type	of grout (circle one): Nea	t Cement Bentonite Mix
Casing length: 148 feet Casi	ng diameter: 4	_inches Type of casi	ng: PVC
Screen length: 50 feet Screen			
Screen slot size: 0.01 inches			
Type of completion (circle all applicable)	Gravel packed Under	reamed Telescoped	Open hole Natural Development
	Other (describe):		
Top of lap pipe or reduction in casing:	feet. If te	lescoped or more than one	e screen, describe on next page

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



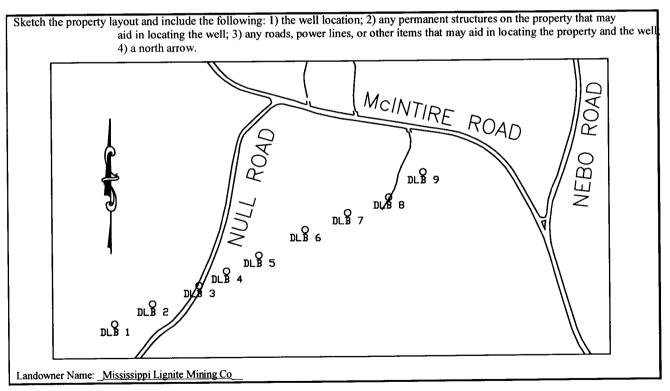
The sketch below only required for water wells

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

If well telescopes, show depths on sketch. Ground Level						
Note:	Well	54.11	in	selvicu		

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
-		_1
	 	
		
	 	
	+	
	 	
	 	
	_	
	 	
	<u>L</u>	

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



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

Ronely Sole Signature of Licensee 12 2009

BYOWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report Permit #: MS Lic 0779 GM Mississippi Department of Environmental Quality Office of Land and Water Resources Driller: Randy Salers

P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax)

For Office Use Only:				
Aquifer:				
Well #:	D205			
Elevation: _				

Copy information from block on Part 1

5/11/09

County: Choctaw

Date completed:

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 Latitude: 33'23'10 Longitude: 89'15'10 Owner Name: MS Lignite Mining Co Mailing Address: 1000 McIntire Rd Method of Lat/Long (check one): Conventional Survey____, USGS quad , Hand-held GPS , Survey-grade GPS X NW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec $\frac{27}{1}$ $\frac{1}{1}$ 18N $\frac{1}{1}$ 10E Ackerman MS 39735 City Zip Code Distance Nearest Town Telephone No. (662) 387-5200 of Chester 2.5 Miles NW **Pump Type Power Type** Circle one Circle one Air Lift Submersible Diesel Engine Gasoline Engine Natural Gas Jet Bucket Piston Turbine **Electric Motor** Hand **Tractor PTO** Flowing Well Windmill Other (specify): ___ Centrifugal Rotary Horse Power Rating of Motor: Other (specify): __ 5/11/09 Date Pump Installed: Setting Depth: 230 feet Rated Pump Capacity: Gallons Per Minute Number of Stages: Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: _ 5/11/09 Air Line Electric Measuring Line Steel Tape Static Water Level (A): __34.0 Feet Below Land Surface Other (specify): _ Pumping Water Level (B): 135 Feet Below Land Surface Drawdown [(B)-(A)]: 101 For flowing well, measured shut in head: _____feet Feet Below Land Surface Well yielded 3 GPM with a drawdown of Test Pumping Rate: Gallons Per Minute 101 feet after 4 hours of pumping Duration of Pump Test (minimum 4 hours):

I HEREBY CERTIFY that the above statements are true to the best of r	my knowledge.	
Randy Salers MS Lic 0779 GM	Karry Solan	_
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

hours

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

JUN 12 2009

AV OIMA