

W 186

County: Choctaw  
 Permit #: MS Lic 0779  
 Driller: Randy Salers  
 Date drilling completed: 7/7/09

**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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D227  
 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)*

Owner Name MS Lignite Mining Co  
 Mailing Address: 1000 McIntire Rd  
Ackerman MS 39735  
 City State Zip Code  
 Telephone No. (662) 387-5200

**Well or Borehole Location**

Latitude: 33 ° 23 ' 30 " Longitude: 89 ° 15 ' 15 "  
 Method of Lat/Long (circle one): Conventional Survey,  
 USGS quad, Hand-held GPS, Survey-grade GPS  
NE ¼ SW ¼ Sec 28 Twn 18N Rng 10E  
 Distance 2.5 Miles Direction NW of Nearest Town Chester

**Well / Borehole Data**

Date drilling started: 6/26/09 Date drilling completed: 7/7/09 Hole depth: 270 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: 144 feet above or below (circle one) land surface Date measured: 7/7/09  
 Method of Measurement (circle one) steel tape  electric tape  air line  other: \_\_\_\_\_  
 Well depth: 270 Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one): Neat Cement  Bentonite  Mix  
 Casing length: 230 feet Casing diameter: 4 inches Type of casing: PVC  
 Screen length: 45 feet Screen diameter: 4 inches Type of screen: PVC  
 Screen slot size: 0.01 inches Setting depth: From 225 feet to 270 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)

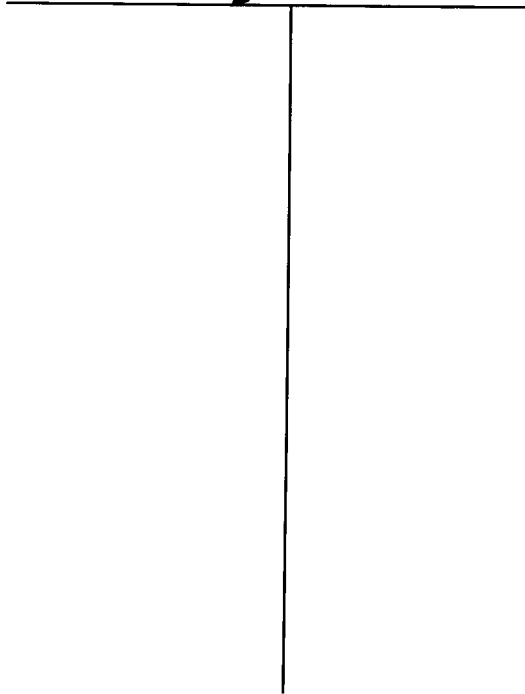
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D227

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \_\_\_\_\_

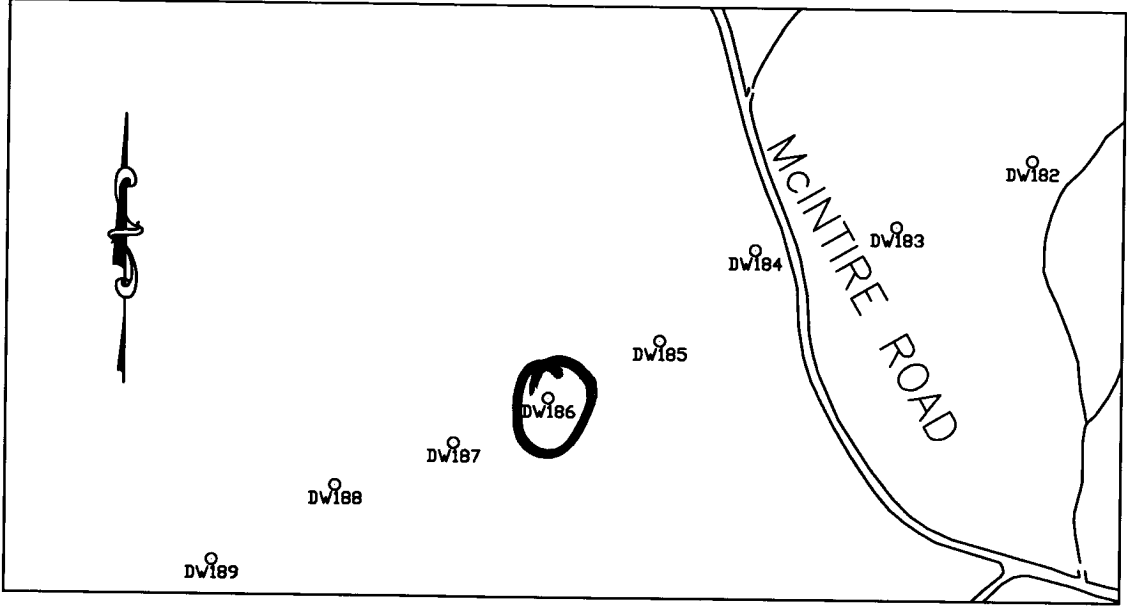


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

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

7-7-09

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: 7/7/09  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D227  
 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>33-23-30</u> Longitude: <u>89-15-15</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>NE</u> ¼ <u>SW</u> ¼ Sec <u>29</u> T <u>18N</u> R <u>10E</u>                            |
| Telephone No. ( <u>662</u> ) <u>387-5200</u> | Distance Direction Nearest Town  |
|  | <u>2.5</u> Miles <u>NW</u> of <u>Chester</u>   |

| Pump Type<br>Circle one   | Power Type<br>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: <u>0.5</u>                               |
| Date Pump Installed: <u>7/7/09</u>                                    | Setting Depth: <u>255</u> feet  |
| Rated Pump Capacity: _____ Gallons Per Minute                         | Number of Stages: _____   |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one                         |
|---|---|
| Date Well Tested: <u>7/7/09</u>                             | Air Line              Electric Measuring Line              Steel Tape |
| Static Water Level (A): <u>144</u> Feet Below Land Surface  | Other (specify): _____  |
| Pumping Water Level (B): <u>250</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                   |
| Drawdown [(B) - (A)]: <u>116</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>116</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 GM \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

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

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