

State Well Report Part 1 - Driller's Log

County: Choctaw
 Permit #: _____
 Driller: D. Warren
 Date drilling completed: 10/22/09

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: D 234
 Well #: _____
 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 Company</u> | Latitude: <u>33 ° 23 ' 41 "</u> Longitude: <u>89 ° 14 ' 51 "</u> |
| Mailing Address: <u>1000 McIntire Road</u> | Method of Lat/Long (circle one): <u>Conventional Survey,</u> |
| <u>Ackerman</u> MS <u>39735</u> | <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> |
| City State Zip Code | <u>SW ¼ NW ¼ Sec 27 Twn 18N Rng 10E</u> |
| Telephone No. <u>(662) 387-5200</u> | Distance Direction Nearest Town <u>5</u> Miles <u>NW</u> of <u>Ackerman</u> |

Well / Borehole Data

Date drilling started: 10/22/09 Date drilling completed: 10/22/09 Hole depth: 247 Hole diameter: 8 in.

Location of the source of any surface water used for drilling: Creek Water

Method of dosing and volume of Chlorine used in drilling and development: 1 gal per 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 Wireline - Pilot Borings, E-log

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: De-water

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

Static Water Level: 158.6 feet above or below (circle one) land surface Date measured: 3/12/10

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

Well depth: 247 Well grouted to a depth of 200 feet Type of grout (circle one): Neat Cement Bentonite (Mix)

Casing length: 205 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 200 feet to 240 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

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: _____
 Permit #: _____
 Driller: _____
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: D 234
 Well #: _____
 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: _____ | Latitude: _____ Longitude: _____ |
| Mailing Address: _____ _____ _____ | Method of Lat/Long (check one): Conventional Survey ____, USGS quad ____, Hand-held GPS ____, Survey-grade GPS ____ _____ ¼ _____ ¼ Sec _____ T _____ R _____ |
| City _____ State _____ Zip Code _____ | Distance _____ Direction _____ Nearest Town _____ |
| Telephone No. (____) _____ | <u>5</u> Miles <u>NW</u> of <u>Ackerman</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: _____ |
| Date Pump Installed: _____ | Setting Depth: _____ feet |
| Rated Pump Capacity: <u>5</u> Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: _____ | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): _____ 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 _____ feet after _____ hours of pumping |
| Test Pumping Rate: _____ Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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

 Print Name of Pump Installer and License No. (if applicable)

 Signature of Pump Installer

Form: OLWR-SWR-1B

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