

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**  
Office of Land and Water Resources

P. O. Box 10631  
Jackson, MS 39289-0631  
**WATER WELL DRILLERS LOG**

COUNTY WELL LOCATED <i>Desoto</i>		PERMIT NUMBER
WELL NUMBER <i>3</i>	CODED	NAME OF DRILLING FIRM <i>Herndon Well</i>
DATE WELL COMPLETED <i>7-8-04</i>		<i>Shannon, Ms</i>

NAME & MAILING ADDRESS OF LANDOWNER <i>Southern Generating LLC</i>			
<i>Southern, Ms</i>			
Latitude:			
Longitude:			
WELL LOCATION:	SEC <i>15</i>	TOWNSHIP <i>1</i>	RANGE <i>8</i>
DISTANCE <i>2</i> Miles	DIRECTION <i>WEST</i>	NEAREST TOWN <i>HUY 51</i>	
OTHER LANDMARK			
WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc. <i>ANODE HOLES</i>			

PUMP DATA		
PUMP TYPE (Circle One): Submersible, Turbine, Jet, Flowing Well, Other (Describe) <i>N/A</i>		
POWER TYPE (Circle One): Electric, Tractor, Diesel, Gasoline, Butane, Other (Describe) <i>N/A</i> H/P		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Say Fill Rock</i>	<i>0</i>	<i>2</i>
<i>Red &amp; Brown Clay</i>	<i>26</i>	<i>36</i>
<i>Fine Sand &amp; Sand</i>	<i>36</i>	<i>40</i>
<i>Sand &amp; Clay</i>	<i>40</i>	<i>45</i>
<i>Gravel &amp; Sand</i>	<i>45</i>	<i>62</i>
<i>Gray Clay</i>	<i>62</i>	<i>202</i>
<b>RECEIVED</b>		
JUL 30 2004		
<b>BY: OLWR</b>		
Top of Lap Pipe or Reduction in Casing FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE		

WELL DATA		
Well Depth <i>200'</i>	Casing Diameter (In.) <i>SEE DRAWING</i>	Casing Length (Ft.)
Type of Casing	Hole Depth <i>200'</i>	Depth to Static Water Level
TYPE OF COMPLETION: (Circle One or More): Gravel Packed, Underreamed, Telescoped, Natural Development, Open Hole, Other (Describe) <i>SEE DRAWING</i>		
WELL GROUTED TO A DEPTH OF _____ FEET Type Grout (circle one): Cement, Bentonite, or Mix		

SCREEN DATA		
Diameter - Inches	Length - Feet	Slot Size - Inches
Screen Type <i>N/A</i>	Depth to Bottom - Feet	

I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

*Ricky Herndon 0-529* *7-8-04*  
Signature of Licensed Driller and License No. Date

Additional Information Required On Back