· • ·,		
	Il Report For Office Use Only:	
County: Jasper Par	rt 1 of Environmental Quality Aquifer:	
	Well #: M-58	
P.O. Bo	X 10051	
Jackson, Mo	39289-0631 L. S. Elevation:	
Date drilling completed: 1-30-09 (601)96	6938 (fax) E-log #:	
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.		
Well Owner Information	Well Location	
Owner Name Leaf River Energy Ctr, LLC	Latitude:°' Longitude:'	
	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Westport CT 06880	14 14 Sec. 30 Twn IN Rng 10E	
City State Zip Code	Distance Direction Nearest Town	
Telephone No. (203) 557 - 1000	Distance Direction Nearest Town Miles NNW of Stringer	
Well Data		
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Rig Supply		
Date well drilling started: 1-29-09 Date well drilling completed: 1-30-09		
If flowing, method of flow regulation: Valve Other (describe)		
Static Water Level:feet above of below (circle one) land surface Date measured:1-30-09		
Method of Measurement (circle one) steel tape electric tape air line other:		
Hole depth: 145' Well depth: 140' Well grouted to a depth of 10 feet		
Type of grout (circle one): Cement Bentonite Mix		
Casing length: <u>120</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>		
Cashing length: $\underline{720}$ feet Screen diameter: $\underline{4}$ inches Type of screen: $\underline{9VC}$		
0.20 120 140		
Screen slot size:inches Setting depuit. Fromieur toieur to		
Type of completion (chele an applicable). Or the packet of one of the second seco		
Other (describe):		
Top of lap pipe or reduction in casing:feet. If tel	escoped or more than one screen, describe on back of page	
Logs run (circle all applicable). No log run Electric Gamma Ray	Density Sonic Neutron Other:	
Name of organization running log(s):	and any with all applicable requirements of the Mississinni	
I certify that the well was drilled, constructed, and completed in a	coordance with an applicable requirements of the massissippi	
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. RAYBORN DRILLING, INC.		
0-60		
Print Name of Water Well Contractor and License No.	Signature of Water Wel Contractor	
Print Name of water wen contractor and License No.	RECEIVED	
	FEB 1 9 2009	
	BY: OLWR	
	DI. ULWI	

If well telescopes please sketch below and show depths.



N-58

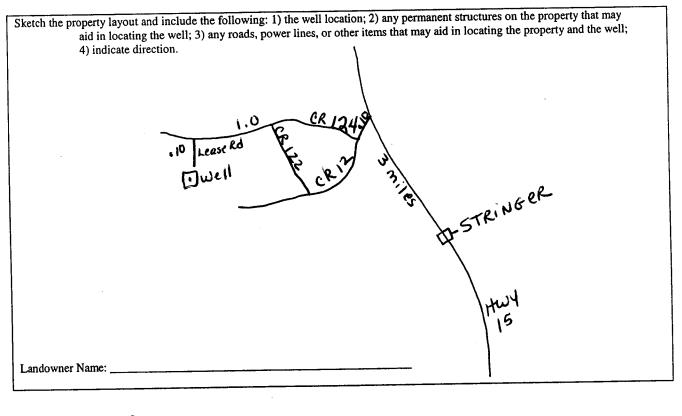
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BY: OLWR

Description of Formations Encountered	From To
HARD CHALK	40 80
SOFT CHALK	80 85
Limestone	85 88
SAND	88 100
Limestone	100 102
SAND	102 143
CHALK	143 145

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



Signature of Water Well Contractor

County: Jasper Permit #: Priller: Driller: Gary Rayborn Date completed: 1-30-09	For Office Use Only: art 2 s Completion Report at of Environmental Quality and Water Resources Box 10631 AS 39289-0631 9961-5210 44-6938 (fax)
This report should be prepared by the pump installer in deta installation of pump. Well Owner Information	il and filed with the Department within 30 days of the Well Location
Owner Name: Leaf River Energy Ctr, LLC Mailing Address: 53 Riverside Ave Westport CT 06880 City State Zip Code	Latitude: Longitude: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 14 14 Sec 30Twn INRng_10 E Distance Direction Nearest Town 3 Miles MNEofStronger
Pump Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify):
Pump Test Data 1-30-09 Static Water Level (A): 90 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: 75 Gallons Per Minute Duration of Pump Test (minimum 4 hours):	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):
I HEREBY CERTIFY that the above statements are true to the best Gary Rayborn O-GO Print Name of Pump Installer and License No. (if applicable)	of my knowledge. Signature of Pump Installer RECEIV FEB 1 9 20

BY: OLWR