

WSW #3

County: JASPER  
 Permit #: MS-GW 16 576  
 Driller: Griner Drl Serv  
 Date drilling completed: APR Aug 15, 2008

**State Well Report**  
 Part 1 - Driller's Log

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: \_\_\_\_\_  
 Well #: N0062  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

WILCOX GROUP

elw. 354.3

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.

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>LEAF RIVER ENERGY</u>          Mailing Address: <u>924 CR-7</u>  <u>Stringer Ms 39481</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 53' 20"</u> Longitude: <u>89° 19' 15"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, <u>Hand-held GPS</u> Survey-grade GPS  <u>SW</u> 1/4 <u>SW</u> 1/4 Sec <u>30</u> Twn <u>1N</u> Rng <u>10E</u>          Distance <u>3.5</u> Miles <u>NW</u> Direction of <u>Stringer</u> Nearest Town</p>
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**Well / Borehole Data**

Date drilling started: Aug 07 Date drilling completed: Apr 08 Hole depth: 3,787 Hole diameter: 24"  
 Location of the source of any surface water used for drilling: \_\_\_\_\_  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_  
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_  
 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: GAS STORAGE  
 If a flowing well, method of flow regulation: Valve \_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 94 feet above or below (circle one) land surface Date measured: 8/22/09  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 3750 Well grouted to a depth of 1817 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 1817 feet Casing diameter: 16 inches Type of casing: Steel  
 Screen length: 405 feet Screen diameter: 10 inches Type of screen: Stainless  
 Screen slot size: 0.020 inches Setting depth: From 1,830 feet to 3,740 feet  
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): Pre-packed screen  
 Top of lap pipe or reduction in casing: 1,753 feet. *If telescoped or more than one screen, describe on next page*

Split Screen

(120' of 26" surface casing)



# State Well Report

County: Jasper  
SMITH

Permit #: MS-GW-16576

Driller: GRINER DRILLING

Date Completed: 10/24/09

*Copy information from block on Part 1*

Part 2  
**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P. O. Box 2309  
 Jackson, MS 39225-2309  
 (601) 961-5210  
 (601) 354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #:        N62

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>LEAF RIVER ENERGY CENTER</u>	Latitude: <u>31-53-20</u> N 31° 53.401	Longitude: <u>89-19-15</u> W 89° 20.114	
Mailing Address: <u>53 RIVERSIDE AVENUE</u>	Method of Lat/Long (check one):		Conventional Survey _____
<u>WESTPORT</u> <u>CT</u> <u>06880</u>	USGS quad <input checked="" type="checkbox"/> Hand-Held GPS _____	Survey-grade GPS _____	
City State Zip Code	<u>NE</u> <u>NE</u> Sec <u>25</u> T <u>1N</u> R <u>9E</u>	<u>SW</u> <u>SW</u> <u>30</u> <u>10E</u>	
Telephone No. ( <u>203</u> ) <u>557.0577</u>	Distance <u>5</u> Miles	Direction <u>SW</u> of	Nearest Town <u>BAY SPRINGS</u>

<p>#1</p> <p><b>Pump Type</b> Circle One</p> <p>Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <b>Submersible</b></p> <p>Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/></p> <p>Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/></p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>8/1/09</u></p> <p>Rated Pump Capacity <u>800</u> Gallons Per Minute</p>	<p><b>Power Type</b> Circle One</p> <p>Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> <b>Electric Motor</b> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/></p> <p>Windmill <input type="checkbox"/> Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>600</u></p> <p>Setting Depth: <u>1000</u> feet</p> <p>Number of Stages: <u>6</u></p>
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<p style="text-align: center;"><b>Pump Test Data</b></p> <p>Date Well Tested: <u>7/30/09</u></p> <p>Static Water Level (A): <u>92</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): <u>?</u> Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: <u>?</u> Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): <u>?</u> hours</p>	<p style="text-align: center;"><b>Method of Measuring Water Level</b> Circle One</p> <p>Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> <b>Electric Measuring Line</b> <input type="checkbox"/> Steel Tape</p> <p>Other (specify): _____</p> <p><b>WELL WAS PUMPED INTO TANK WITH NO MEASURING EQUIPMENT.</b></p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded, <u>?</u> GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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This is for (circle one)  **New Well**  Replacement of Existing Pump  Repair of Existing Pump

I hereby certify that the above statements are true to the best of my knowledge.

DAVE COOK 692       

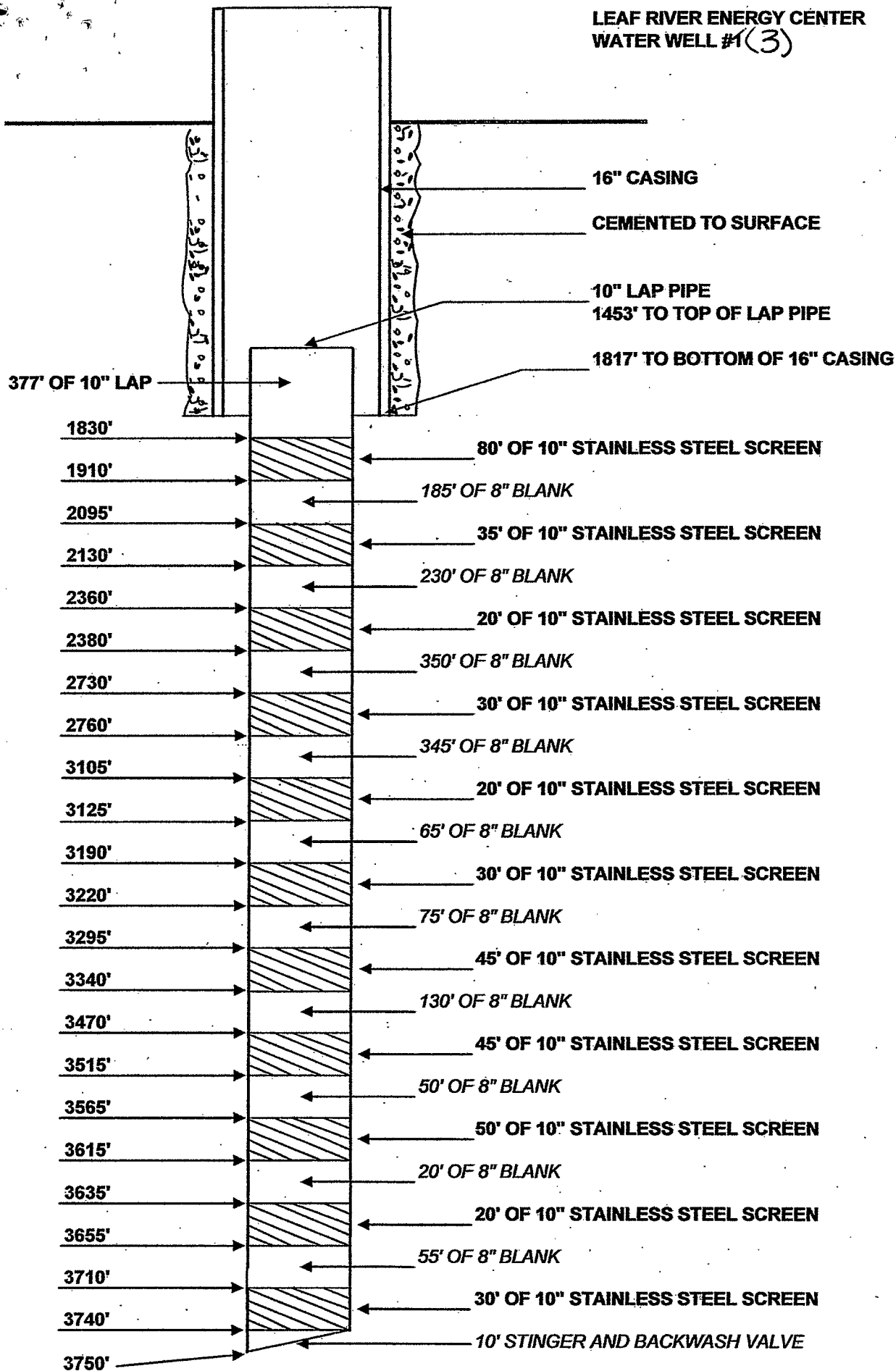
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

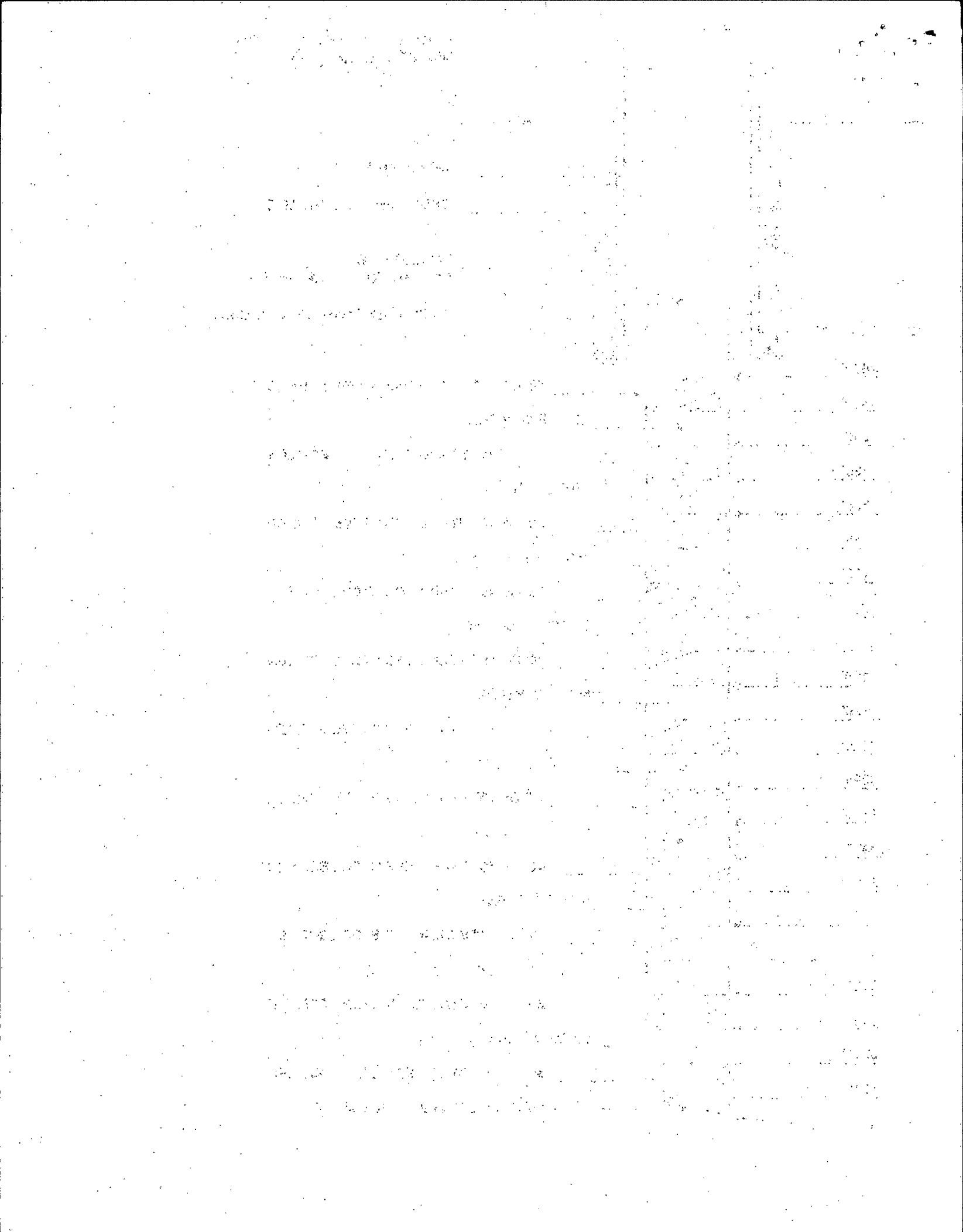
*Dave Cook* RECEIVED

MAR 24 2011  
 BY: OLWR

LEAF RIVER ENERGY CENTER  
WATER WELL #1(3)

N0062





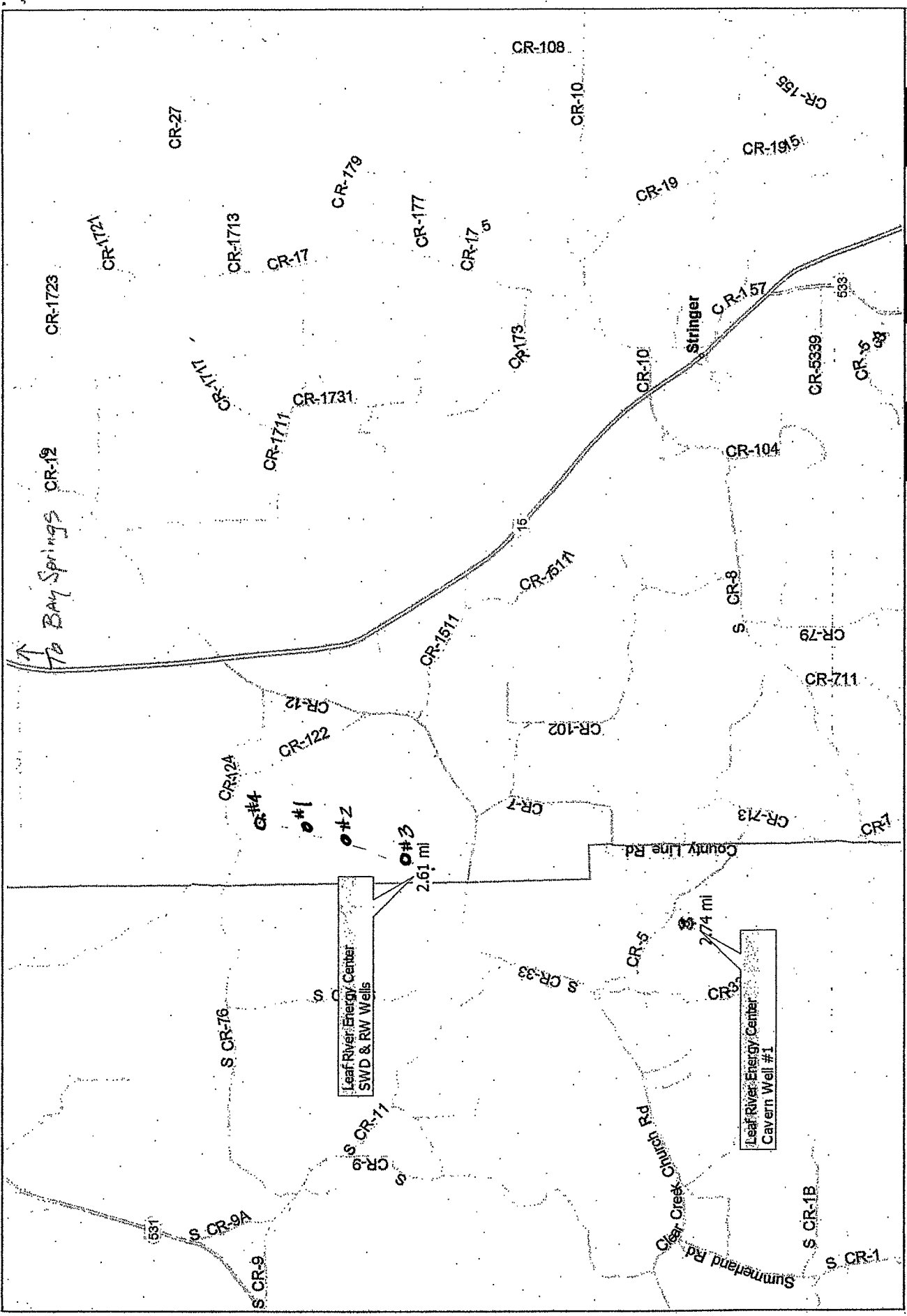
## Leaf River Energy Center

To Cavern Well #1: From Laurel, Take hwy 15 North towards Bay Springs. Turn left on hwy CR12 for approx. 1 ¾ Mile. Left on CR102 for ¼ mile, Right on CR7 for 1.6 mile, Right @ Tee onto CR5 for 6/10 mile. Location on left in Pasture.

To SWD & RW Wells: From Laurel, Take hwy 15 north towards Bay Springs. Turn left on hwy CR12 & go approx. 2 miles to lease rd on right. Follow to wells.

Note: Hwy CR12 is Between Stringer & Bay Springs

# Leaf River Energy Center Map



↑ To Bay Springs CR-12

Leaf River Energy Center  
SWD & RW Wells  
2.61 mi

Leaf River Energy Center  
Cavern Well #1  
2.74 mi

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