

# 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)

County: Choctaw  
Permit #: 6016256  
Driller: James  
Date drilling completed: June 21

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: D-85  
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>Choctaw Generation LP</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 358</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Ackerman MS 39735</u> City State Zip Code	<u>NW 1/4 SE 1/4 Sec 35 Twn 18N Rng 10E</u>
Telephone No. <u>(662) 387-4175</u>	Distance Direction Nearest Town <u>S</u> Miles <u>N</u> of <u>Ackerman</u>
Well / Borehole Data	
Date drilling started: <u>April 17</u> Date drilling completed: <u>June 21</u> Hole depth: <u>400</u> Hole diameter: <u>10"</u>	
Location of the source of any surface water used for drilling: <u>N/A</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>N/A</u>	
Logs run (circle all applicable): <u>(No log run)</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial <input checked="" type="checkbox"/> Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>198' 2"</u> feet above or <u>(below)</u> (circle one) land surface Date measured: <u>6/8/2006</u>	
Method of Measurement (circle one) steel tape <u>(electric tape)</u> air line other: _____	
Well depth: <u>340</u> Well grouted to a depth of <u>20</u> feet Type of grout (circle one): Neat Cement Bentonite <u>(Mix)</u>	
Casing length: <u>280</u> feet Casing diameter: <u>6</u> inches Type of casing: <u>Sch 40 PVC</u>	
Screen length: <u>60</u> feet Screen diameter: <u>6</u> inches Type of screen: <u>Sch 40 PVC</u>	
Screen slot size: <u>0.012</u> inches Setting depth: From <u>280</u> feet to <u>340</u> feet	
Type of completion (circle all applicable): <u>(Gravel packed)</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

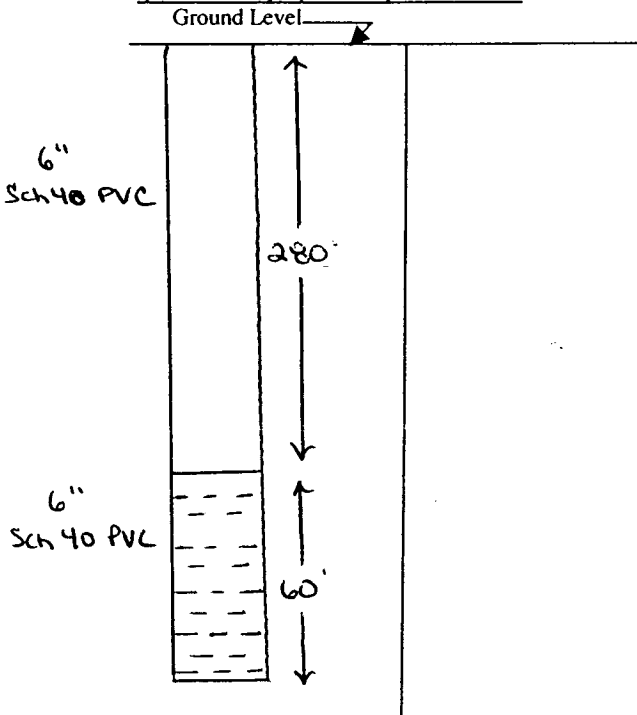
GW1625b

D-85

The sketch below only required for water wells

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

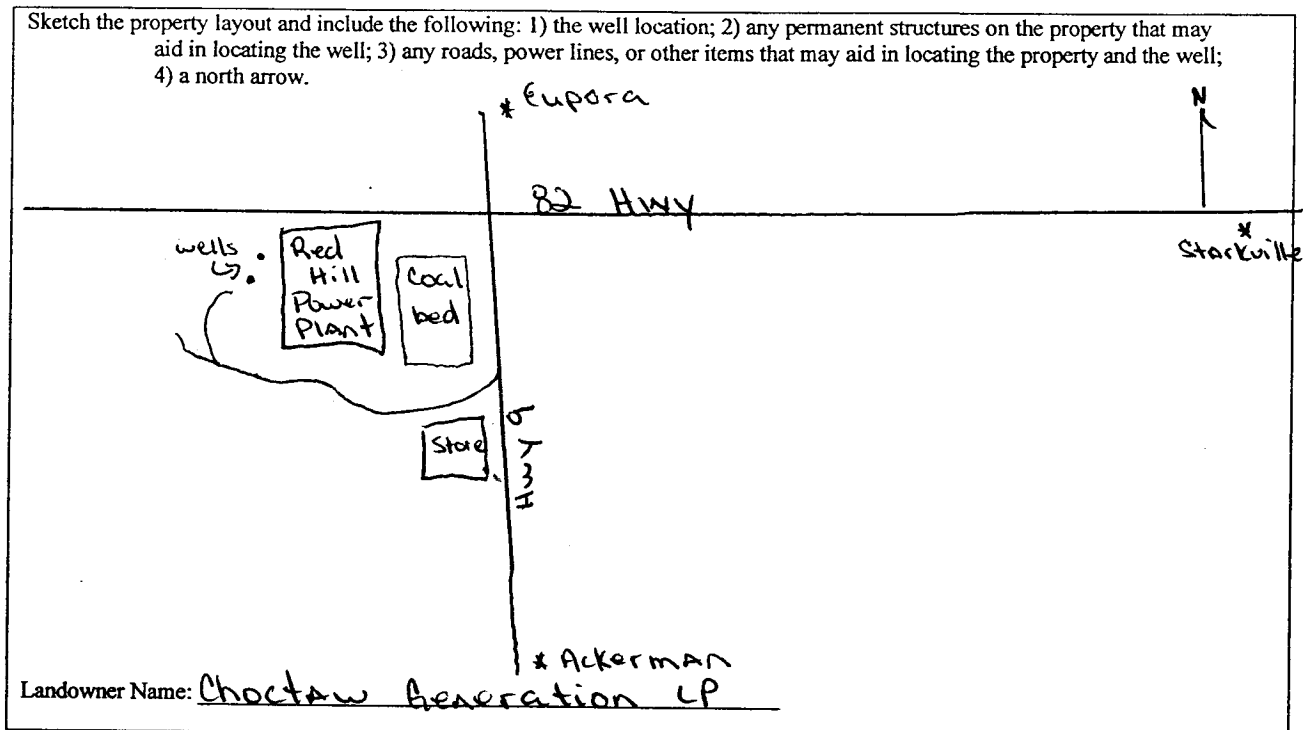
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Red Sandy Clay	Ground Level	30
Sand	30	70
Sandy Clay, Lignite	70	220
Sand	220	340
Sandy Clay	340	400

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.



Form: OLWR-SWR-1A

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.

Print Name of Responsible Licensee and License No.

Date

*Donald E. Miel*

Signature of Licensee

1950

Office of the Director of the  
Bureau of the Census  
Washington, D. C.

Form No. 100  
1-50

Office of the Director of the  
Bureau of the Census  
Washington, D. C.

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# STATE WELL REPORT

## Part 2

County: Choctaw  
 Permit #: MS-GW-16256  
 Driller: James - Donald Smith Co  
 Date completed: June 21  
*Copy information from block on Part 1*

**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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: D-85  
 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>Choctaw Generation LP</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 358</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Ackerman, MS 39735</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 35 T18N R10E</u>
Telephone No. <u>(662) 387-4175</u>	Distance Direction Nearest Town
	<u>5 Miles N of Ackerman</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25 20</u>
Date Pump Installed: <u>June 26</u>	Setting Depth: <u>270</u> feet
Rated Pump Capacity: <u>150</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>06/28/2006</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>198</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>257</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>59</u> Feet Below Land Surface	Well yielded <u>164</u> GPM with a drawdown of
Test Pumping Rate: <u>164</u> Gallons Per Minute	<u>59</u> feet after <u>1</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>1</u> 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 Donald Smith

County: Choctaw  
 Permit #: MS-GW-16256  
 Driller: James  
 Date drilling completed: June 21/06

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