	State W	'ell Report	For Office Use Only:	
County: Chocton	Part 1 – Driller's Log		For Otike Use Only.	
	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources		Well #: D - 189	
Driller: Bundy Sylers		Sox 10631 IS 39289-0631	L. S. Elevation:	
Date drilling completed: 5-27-01	·	961 <b>-</b> 5210		
Date drilling completed:		4-6938 (fax)	E-log #:	
State Law requires that this report Department at the above address Information on Well ( (Landowner if borehole is not for	<i>within 30 days of comp</i> Owner	letion of drilling of the well Well or Bo	or borenoie.	
		Latitude: 35 ° 23 '64.3	" Longitude: <u>89°15'3323"</u>	
Owner Name M. SSISSIPP Lig	in te Mining Co	Method of Lat/Long (circle or		
Mailing Address: / OCO McTart:	e Rd	Method of Pan Foul (curie or	ic). Conventional Survey,	
William Produces.		USGS quad, Hand-held	GPS, Survey-grade GPS	
	···	45 V NEV Son 72	- Twn 18N Rng 10E	
A Kernen M	c 35735	NE 74 10 6 74 Sec 35	· IWII · D / Kilg / C C	
AKernan M City Sta	te Zip Code	Distance Direction	Nearest Town of	
Telephone No. (6) 357-57	1/4)	Miles /VV	of Chester	
Telephone No. (VV)				
	Well / Bore	hole Data		
Date drilling started: 1-13-10 Date drilling completed: 5-21-11 Hole depth: 1-173 Hole diameter: 4				
Location of the source of any surface water used for drilling: Little Bury Creek  Method of dosing and volume of Chlorine used in drilling and development: 1/44/1 oFC/16-1 to STU 44/1 usete				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:  Name of organization running log(s): Contuct Geothysics Corp				
Purpose of borehole (check one): Water W	ellGeotechnical/Geol	ogical 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 l	ndustrial Public Supply	IrrigationFish Culture	Other:	
If a flowing well, method of flow regulation	on: Valve C	ther (describe)		
Static Water Level: 10 9.1 feet above or below (circle one) land surface Date measured: 5-27-08				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: /73 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 133 feet Casing diameter: 4 inches Type of casing: 200				
Screen length: 40 feet Screen diameter: 4 inches Type of screen: 100				
Screen slot size: 0.01 inches Setting depth: Fromfeet tofeet				
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 te	lescoped or more than one scre	en, describe on next page	

Form: OLWR-SWR-1A

0-189

If well telescopes,	show	depths	on	sketch.
Ground Level				

Description of Formations Encountered	From (depth)	To (depth)
sond	Ground Level	21
404/	21	24
6/99	24	52
669	52	57
4/94	57	65
104	165	20
clay	70	88
666	. 88	192
4/44	92	1/20
604	120	127
Sand	137	198
6041	148	131
sand	151	150
(08)	190	194
		<del></del>

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.

Landowner Name: MS Light Mining Co.

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

KANY SAIEKS 07796M

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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BY: OLWR

N 6119

## STATE WELL REPORT

County: Chacter
Permit #:
Driller: Randy Sclers
Date completed: 5-23-08
Copy information from block on Part 1

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality

For Office Use Only:		
Aquifer:		
Well#:	)-189	
Elevation:		

Permit #:	Office of Land and Water Resources		Admici.
Driller: Kandy Scles			17.169
•	P.O. Box 10631 Jackson, MS 39289-0631		Well #: D-189
Date completed: 5-23-08	(601)961-5210		Elevation:
Copy information from block on Part 1	(601)354-6938 (fax)		Elevation:
	l		A compact Dant 1 of the
This part of the report must be completed	by a licensed water well o	ontractor or a licensed pump v	nstaller. A copy of Part 1 of the
report must be attached and both parts fil		the above gaaress wunin 30 u	Location
Well Owner Informa	cion .		,
Owner Name: MS Lignite Mining Co.		Latitude: 33 73 6484 Longitude: 86 15 55,29"	
Mailing Address: 1000 M. Zahire	Rd	Method of Lat/Long (check one): Conventional Survey,	
Ackerman, MS	39735	USGS quad, Hand-held GPS, Survey-grade GPS	
O'. Share	7:- Codo	NE 1/4 NE 1/4 Sec 3-	J_T_18N R_10C
City State	Zip Code	Distance Direction	
Telephone No. (462) 387-52	oD	2.5 Miles NW o	f Chester
	<del></del>	n <sub>~</sub>	wer Type
Pump Type Circle one			wer Type Circle one
Circle one	ę.		, acid 020
Air Lift Jet	Submersible	Diesel Engine Gasoli	ne Engine Natural Gas
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well		(specify):
Other (specify):		Horse Power Rating of Motor	r: <u>. 5</u>
	<u>^</u>	1	
Date Pump Installed: 5-2.7-	08	Setting Depth:	feet
Rated Pump Capacity: 7.5	Gallons Per Minute	Number of Stages:	
Pump Test Data	1		easuring Water Level Circle one
Date Well Tested: 5-27-0			once one
		Air Line Electric Me	easuring Line Steel Tape
Static Water Level (A): 109.1 Feet Below Land Surface		Other (specify):	
Pumping Water Level (B): 158 Fee		Odici (specity).	
Drawdown [(B) - (A)]: 45. Feet Below Land Surface		For flowing well, measured	
Test Pumping Rate:Gallons Per Minute		Well yielded	GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours		49.1 feet after	hours of pumping
I HEREBY CERTIFY that the above stat	ements are true to the best	of my knowledge.	. 7
RANDY SAIEVS 07	29 EM	fandy Sa	Ken
MINUT SELLES OF	, <u> </u>	, , , , , , , , , , , , , , , , , , , ,	

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.	
RANDY SAIEYS 0779 GM	fandy Salen	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
111111111111111111111111111111111111111		Form: OLWR-SWR-1R

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JUN 11 2008

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