	State W	ell Report	Ear Office Use Oslav			
County: Choctaw		Driller's Log	For Office Use Only:			
Permit #: MS Lic 0779 GM		nt of Environmental Quality	Aquifer:			
Driller: Randy Salers	Office of Land and Water Resources P.O. Box 2309		Well #: D - 198			
Driller: Kalldy Salets		n, MS 39225	L. S. Elevation:			
Date drilling completed: 4/12/09	(601)961-5228 (fax)					
		1.11.6-	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		Well or Borehole Location				
(Landowner if borehole is not for a water well)		Latitude: 33 . 23 , 40	" Longitude: 89º 14 , 21 "			
Owner Name MS Lignite Mir	ning Co					
Mailing Address: 1000 McIntir	e Rd	Method of Lat/Long (circle or	ne): Conventional Survey,			
		USGS quad, Hand-held GPS Survey-grade GPS				
	20005	<u>SE</u> ¹ / ₄ <u>NW</u> ¹ / ₄ Sec 27	Twn 18N Rng 10E			
Ackerman MS City Sta		Distance Direction	Nearest Town			
	it Zip code	2.5 Miles NW	of Chester			
Telephone No. (662) 387-5200						
	Well / Bore	hole Data				
Date drilling started $\frac{4}{10}/09$ Date dri	illing completed: $\frac{4}{12}$	09 Hole depth: <u>185 '</u>	Hole diameter: 4.75"			
Location of the source of any surface water used for drilling: Little ByWy Method of dosing and volume of Chlorine used in drilling and development: 1 GAL CLOROX to 500 Gal Water						
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:						
Purpose of borehole (check one): Water W	ell X Geotechnical/Geol	ogical Investigation Ground	l Source Heat Pump			
	SurveyOther (<i>describe</i> to water well construction)	ock			
Purpose of Well (check one): Home Industrial X Public Supply Irrigation Fish Culture Other:						
If a flowing well, method of flow regulatio	n: Valve O	ther (describe)				
Static Water Level: <u>108.9</u> feet ab	ove or below (circle one) l	and surface Date measured:	4/12/09			
Method of Measurement (circle one) steel tape electric tape air line other:						
Well depth: <u>185</u> Well grouted to a depth of <u>165</u> feet Type of grout (circle one): Neat Cement Bentonite Mix						
Casing length: <u>135</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>						
Screen length: <u>35</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>						
Screen slot size: 0.01 inches Setting depth: From 170 feet to 205 feet						
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. <u>If telescoped or more than one screen, describe on next page</u>						

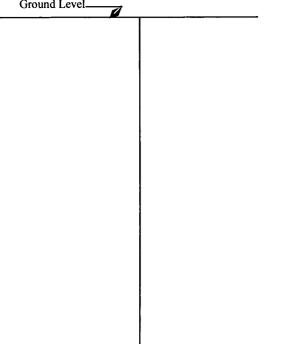
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Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

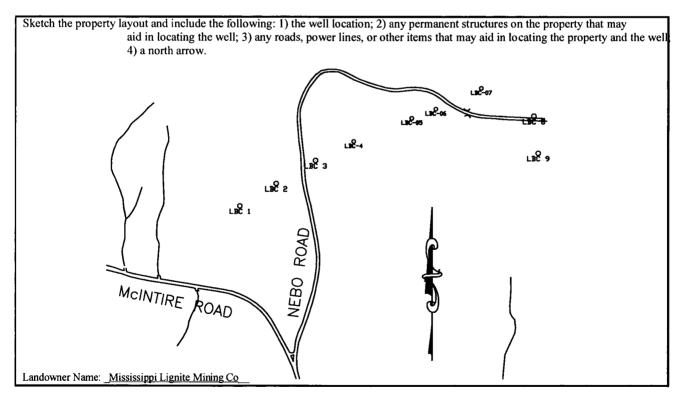
If well telescopes, show depths on sketch. Ground Level



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

Description of Formations Encountered	From (depth)		oth)
SANDY CLAY	Ground Level	32	
CLAY	'32	71	n ica
Lignite	71	72	D-198
CLAY	12	98	
Lignite	99	101	
CLAY	101	121	
Linnite	121	126	
CLAN	126	130	
SAND	130	143	
Lignite	143	148	
SAND	148	150	
(LAM)	150	185	
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If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A (04/08)

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.

Randy Salers MS lic 0779 GM

4-12-09

Kandy, SaleRE(CEIVED

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee MAY 0 5 2009

BY: OLWR

STAT	E WELL REPORT
Permit #: MS Lic 0779 GM Mississippi D	Part 2 nstaller's Completion Report epartment of Environmental Quality of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax) Elevation:
report must be attached and both parts filed with the Depa	tter well contractor or a licensed pump installer. A copy of Part 1 of the artment at the above address within 30 days of well completion.
Well Owner Information Owner Name: MS Lignite Mining Co Mailing Address: 1000 McIntire Rd Ackerman MS 39735 City State Zip Code	Well Location Latitude: 33d23'40" Longitude: 89d14'21" Method of Lat/Long (check one): Conventional Survey
Telephone No. (662) 387-5200	
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well Other (specify):	Windmill Other (specify): Horse Power Rating of Motor: 0.5
Date Pump Installed: 4/12/09	Setting Depth: 210feet
Rated Pump Capacity:Gallons Per Mir	nute Number of Stages:
Pump Test Data Date Well Tested: 4/12/09 Static Water Level (A): 108.9 Feet Below Land Sur Pumping Water Level (B): 210	Other (specify):
Drawdown $[(B) - (A)]$: <u>101.1</u> Feet Below Land Sur Test Pumping Rate: <u>3</u> Gallons Per Mir	rface For flowing well, measured shut in head:feet

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I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	
Randy Salers MS Lic 0779	Signature of Pump Installer	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
	Form: OLWR	ΞD

MAY 0 5 2009

BY: OLWR