

## State Well Report Part 1 – Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225  
(601)961- 5210  
(601)961- 5228 (fax)

County: Choctaw  
 Permit #: MS Lic 0779  
 Driller: Randy Salers  
 Date drilling completed: 5/25/09

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D210  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>MS Lignite Mining Co</u>	Latitude: <u>33 . 23 , 14</u> Longitude: <u>89 . 14 , 59</u> ,
Mailing Address: <u>1000 McIntire Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Ackerman</u> MS <u>39735</u>	NW ¼ <u>SW</u> ¼ Sec <u>27</u> Twn <u>18N</u> Rng <u>10E</u>
City State Zip Code	<u>SW</u> <u>SE</u> <u>28</u>
Telephone No. <u>(662) 387-5200</u>	Distance <u>2.5</u> Miles Direction <u>NW</u> of Nearest Town <u>Chester</u>

**Well / Borehole Data**

Date drilling started: 5/21/09 Date drilling completed: 5/25/09 Hole depth: 145 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: \_\_\_\_\_  
 Name of organization running log(s): Century Geophysical Corp.

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***

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Purpose of Well (check one): Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 35.9 feet above or below (circle one) land surface Date measured: 5/25/09

Method of Measurement (circle one) steel tape  electric tape  air line  other: \_\_\_\_\_

Well depth: 135 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 98 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.01 inches Setting depth: From 90 feet to 140 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. ***If telescoped or more than one screen, describe on next page***

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

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# STATE WELL REPORT

## 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  
 (601)961-5210  
 (601)961-5228 (fax)

County: Choctaw  
 Permit #: MS Lic 0779 GM  
 Driller: Randy Salers  
 Date completed: 5/25/09  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D210  
 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>MS Lignite Mining Co</u>	Latitude: <u>33'23'16</u> Longitude: <u>89'14'55</u>
Mailing Address: <u>1000 McIntire Rd</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>Ackerman MS 39735</u>	USGS quad _____, Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NW</u> ¼ <u>SW</u> ¼ Sec <u>27</u> T <u>18N</u> R <u>10E</u>
Telephone No. ( <u>662</u> ) <u>387-5200</u>	<u>SW</u> <u>SE</u> Direction <u>28</u> Nearest Town
	<u>2.5</u> Miles <u>NW</u> of <u>Chester</u>

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	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>0.5</u>
Date Pump Installed: <u>5/25/09</u>	Setting Depth: <u>135</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/25/09</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): <u>35.4</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>135</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>99.6</u> Feet Below Land Surface	Well yielded <u>3</u> GPM with a drawdown of
Test Pumping Rate: <u>3</u> Gallons Per Minute	<u>99.6</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Randy Salers MS Lic 0779 GM  
 Print Name of Pump Installer and License No. (if applicable)

*Randy Salers*  
 Signature of Pump Installer

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

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