W189

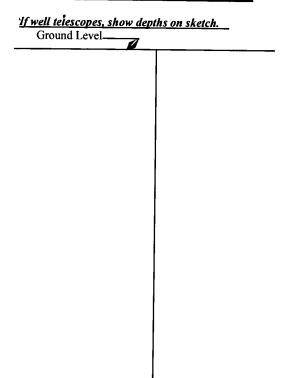
,	- State Well D	~ 4			
_{County:} Choctaw	State Well Rep Part 1 – Driller's		For Office Use Only:		
	Mississippi Department of Enviror	nmental Quality	Aquifer:		
Permit #: <u>MS Lic 0779</u>	Office of Land and Water Resources P.O. Box 2309		Well #: D2.24	-	
Driller: Randy Salers	Jackson, MS 39225 (601)961- 5210 (601)961- 5228 (fax)			-	
Date drilling completed: 7/6/09			L. S. Elevation:		
State Law requires that this report be prepared by the license holder responsible for the work and filed with the					
Department at the above addres.	s within 30 days of completion of di	responsible for the religion of the sell o	e work and filed with the r borehole		
Information on Well (Landowner if borehole is not f	Uwner i	Well or Bor	chole Location	-	
		•*			
Owner Name MS Lignite Min	re Rd Method of Lat/Long (circle or				
Mailing Address: 1000 McIntir					
	USG	USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 4 SW 4 Sec 28</u> Twn 18N Rng 10E			
Ackerman MS	5 39735 <u>SW 4</u>	SW 1/4 Sec 28	_Twn_18N_Rng_10E		
City Sta	te Zip Code Distance	Direction	Nearest Town of Chester		
Telephone No. (662) 387-5200	<u>2.5</u> N	files <u>NW</u> of			
	Well / Borehole Data				
Date drilling started: 6/18/0 Bate dri	illing completed: 7/6/09 Hole de	220 pth:H	ole diameter: 4.75		
Location of the source of any surface wate	rused for drilling [itt] o By	eTaTa e			
Method of dosing and volume of Chlorine	e used in drilling and development: 1	GA1 Clorox	to 500 Gal Wate	r	
Logs run (circle all applicable): No log pur	Electric Care D. D. I.			-	
Name of organization running log(s): CE:	ntury Geophysical Co	rp.	ter:		
Purpose of borehole (check one): Water We	ell X Geotechnical/Geological Investig	ration Ground Sc	Numoo Ulast D		
	urvey Other (<i>describe</i>)	sation Oround Se	suce neat rump		
If drilling is not related	to water well construction, skip the ren	nainder of this block			
Purpose of Well (check one): Home In				-	
			Other:		
If a flowing well, method of flow regulation					
Static Water Level: <u>121</u> feet abo	ove or below (circle one) land surface	Date measured: 7/	6/09		
Method of Measurement (circle one) ste					
Well depth: $\frac{205}{160}$ Well grouted to a dep	th of feet True - feet				
Casing longth, 160	i ype of grout (circle	e one): Neat Cement	Bentonite Mix		
Casing length: <u>160</u> feet Casing	g diameter: <u>4</u> inches T	ype of casing:	7C		
Screen length:feet Screen	n diameter: <u>4</u> inches T	ype of screen: P	VC		
Screen slot size: 0.01 inches	Setting depth: From	feet to)]	feet		
Type of completion (circle all applicable):					
	Other (describe):				
Fop of lap pipe or reduction in casing:					
		F	orm: OLWR-SWR-1A (04/08	•	
			KE	CEIV	
			11 1	L 2 4 200	
			JU		

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BY: OLWR

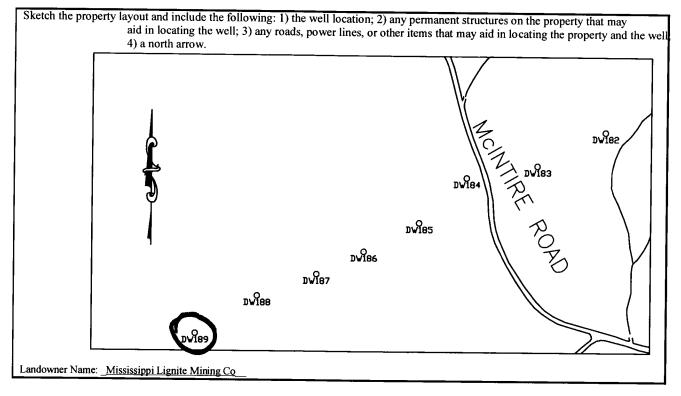
Description of formations encountered must be provided for all

• The sketch below only required for water wells



wells and boreholes, unless specifically exempted by regulations					
Description of Formations Encountered	From (depth)	To (depth)			
	Ground Level				

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

7-6-09

Print Name of Responsible Licensee and License No.

Date

Signature of Lice RECEIVED

JUL 2 4 2009 BY: OLWR

STATE WELL REPORT						
County: Choctaw		art 2	For Office V. C. S.			
Permit #: MS Lic 0779 GM	Pump Installer' Mississippi Department	For Office Use Only:				
Driller: Randy Salers	Office of Land and Water Resources		y Aquifer:			
Date completed: 7/6/09	P.O. Box 2309 Jackson, MS 39225		Well #:			
Copy information from block on Part 1)961-5210 1-5228 (fax)	Elevation:			
	1					
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: MS Lignite Mining Co Latitude: 33*23'25			5Longitude: <u>89*15</u> '28			
Mailing Address: 1000 McIntire	e Rd	Method of Lat/Long (check one): Conventional Survey,				
		USGS quad, Hand-	-held GPS, Survey-grade GPS X			
Ackerman MS	39735	39735 SW 1/ SW 1/ See 29				
City State	Zip Code	Distance Direction	20			
Telephone No. (662) 387-5200						
		2.5 Miles NW	_of_Chester			
Pump Type			Power Type			
Circle one			Circle one			
Air Lift Jet	Submersible	Diesel Engine Ga	soline Engine Natural Gas			
Bucket Piston	Turbine	Electric Motor Ha	and Tractor PTO			
Centrifugal Rotary	Flowing Well	Windmill Ot	her (specify):			
Other (specify):		Horse Power Rating of Me	otor: 0.5			
Date Pump Installed: 7/6/09		Setting Depth: 205	feet			
Rated Pump Capacity:		Number of Stages:				
Pump Test Data		Mathad of	Manageming Western L			
Date Well Tested: 7/6/09			Measuring Water Level Circle one			
Static Water Level (A): <u>121</u> Feet B	Below Land Surface		Measuring Line Steel Tape			
205		Other (specify):				
Drawdown [(B) – (A)]: Feet B	elow Land Surface	For flowing well, measured	d shut in head: feet			
Test Pumping Rate:G						
uration of Pump Test (minimum 4 hours): 4 hours 83.9 feet after 4 hours of pumping						

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)

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Signature of Pump Installer

Form: OLWR-SWR-1B

JUL 2 4 2009

BY: OLWR