	State W	ell Report		
County: Choctaw	Port 1 Drillon's Log For Office Use Only:			
	Mississippi Department of Environmental Quality		Aquifer: 232	
Permit #: D. Warren	Office of Land and Water Resources P.O. Box 10631  Well #:		Well #:	
Diffici.	Jackson, MS 39289-0631		L. S. Elevation:	
Date drilling completed: 10/23/09	\ /	961-5210		
	(601)354-6938 (fax) E-log #:			
State Law requires that this report Department at the above address				
Information on Well C	Owner		rehole Location	
(Landowner if borehole is not for	or a water well)	Latitude: 33 ° 23 ' 41	" Longitude: 89 ° 14 ' 51 "	
Owner Name MS Lignite Mining Company				
Mailing Address: 1000 McIntire Road		Method of Lat/Long (circle one): Conventional Survey,		
Maining Address		USGS quad, Hand-held GPS, Survey-grade GPS		
		SW 1/4 NW 1/4 Sec 27		
Ackerman MS City Stat		Distance Direction	Nearest Town	
Telephone No. (662) 387-5200				
	Well / Borel	nole Data		
Date drilling started: 10/22/09 Date dri	illing completed: $10/23$	09Hole depth: 235	Hole diameter: 8 in.	
Location of the source of any surface water	er used for drilling: Ci	reek Water		
Method of dosing and volume of Chlorine	e used in drilling and develo	opment: 1 gal per 500	gal water	
Logs run (circle all applicable): No log run Name of organization running log(s): Cer	Electric Gamma Ray	Density Sonic Neutron (Pilot Borings, E-lo	Other:	
Purpose of borehole (check one): Water W	ell X Geotechnical/Geolo	gical Investigation Ground	Source Heat Pump	
	Survey Other (describe)	, skip the remainder of this blo	not.	
Purpose of Well (check one): Home In	ndustrial Public Supply	Irrigation Fish Culture _	Other: <u>De-water</u>	
If a flowing well, method of flow regulation	n: Valve Of	her (describe)		
Static Water Level: 158.7 feet above or below (circle one) land surface Date measured: 9/29/09				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 235 Well grouted to a depth of 185 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 195 feet Casing diameter: 4 inches Type of casing: PVC				
Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC				
Screen slot size: 0.01 inches Setting depth: From 190 feet to 230 feet				
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Open	hole Natural Development	
	Other (describe):		1 1 2	
Top of lap pipe or reduction in casing:	feet. <i>If tel</i>	escoped or more than one scree	en, describe on next page	
			Form: OLWR-SWR-1A	

APR 0 1 2010

The sketch below only required for water wells

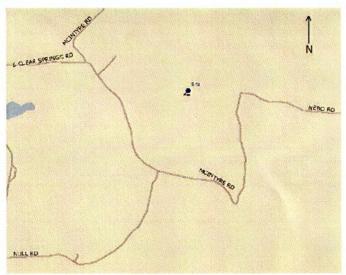
If well telescopes,	show	depths	on	sketch.
Ground Level-				

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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
WILCOX FORMATION	0	235
WIEGH TORREST		
		-
		1 1

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 Lignite Mining Company

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.

GOMER WALLACE

Print Name of Responsible Licensee and License No.

0565 3-30-2010

Signature of Licensee

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BY: OLWA

## STATE WELL REPORT

## Part 2

County:

Permit #:

Driller:

Date completed:

Copy information from block on Part 1

Well Owner Information

**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:	D2	32
Well #:		
Elevation:		

Well Location

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.

Owner Name:	Latitude: Longitude:		
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS '/4'/4 SecT R  Distance Direction Nearest Town		
City State Zip Code  Telephone No. ()			
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:		
Date Pump Installed:	Setting Depth:feet		
Rated Pump Capacity:5Gallons Per Minute	Number of Stages:		
Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested:  Static Water Level (A):Feet Below Land Surface  Pumping Water Level (B):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape  Other (specify):		
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		
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		
	Form: OLWR-SWR-1B		