	State W	en Keport	For Office Use Only		
County:Choctaw	Part 1 – Driller's Log  For Office Use Only:		0 22		
Permit #:	Mississippi Department of Environmental Quality Aquifer: 25				
D 11-	Office of Land and Water Resources P.O. Box 10631		Well #:		
Dillier.			L. S. Elevation:		
		961-5210			
	[601)354	4-6938 (fax)	E-log #:		
State Law requires that this repo	ort be prepared by the lice	ense holder responsible for t	he 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  (Landowner if borehole is not for a water well)  Well or Borehole Location					
(Lunaowner ij borenoie is noi]	for a water well)	Latitude: 33 ° 23 ' 41	" Longitude: 89 ° 14 ' 51 "		
Owner Name MS Lignite Minin	g Company				
Mailing Address: 1000 McIntire	Road	Method of Lat/Long (circle on	ne): Conventional Survey,		
Maning / Address		USGS quad, Hand-held	GPS, Survey-grade GPS		
		SW 1/ NW 1/ Sec 27	Twn 18N Rng 10E		
Ackerman M	IS 39735	211 74 2111 74 Sec 27	I WII KIIg K		
City St	ate Zip Code	Distance Direction	Nearest Town		
Telephone No. (662) 387-5200		5 Miles NW	of Ackerman		
Telephone 110. (CT = ) CT = CT = CT = CT = CT = CT = CT					
	Well / Bore	hole Data			
Date drilling started: 1/6/10 Date d	rilling completed: $1/7/1$	0 Hole depth: 260	Hole diameter: 8 in.		
Location of the source of any surface wa	ter used for drilling: C	reek Water			
Method of dosing and volume of Chlorid	ne used in drilling and devel	opment: 1 gal per 500	gal water		
Logs run (circle all applicable): No log r	Electric Gommo Pov	Dansity Sonia Neutron	Other		
Name of organization running log(s): CE	ntury Wireline -	Pilot Borings, E-lo	og		
Purpose of borehole (check one): Water V	Well_A Geotechnical/Geol	ogical Investigation Ground	Source Heat Pump		
	Survey Other (describe				
If drilling is not related to water well construction, skip the remainder of this block					
Purpose of Well (check one): Home	Industrial Public Supply	Irrigation Fish Culture	Other: <u>De-water</u>		
If a flowing well method of flow regulation	on: Valve	ther (describe)			
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 194.6 feet above or below (circle one) land surface Date measured: 3/12/10					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 260 Well grouted to a depth of 215 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 225 feet Casing diameter: 4 inches Type of casing: PVC					
Screen length: 35 feet Screen diameter: 4 inches Type of screen: PVC					
Screen slot size: 0.01 inches Setting depth: From 220 feet to 255 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: OI WR-SWR-1					

State Well Report Part 1 – Driller's Log

APR 0 1 2010

## The sketch below only required for water wells

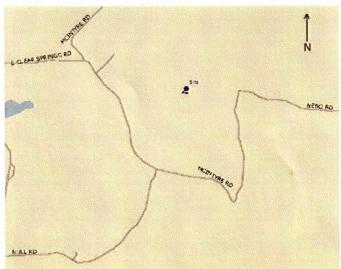
If	well	telesco	pes,	show	depths	on	sketch.
	Gr	und I	lavel				

## 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	260
	2	
	9 11	
		× 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 0565 3-30-2010

Signature of Licensee

Print Name of Responsible Licensee and License No.

Date

## STATE WELL REPORT

County:

Part 2
Pump Installer's Completion Report

For Office Use Only:		
Aquifer:	D233	
Well #:		
Elevation:		

Office of Land   P.O.   Jackson,   (601			
City State Zip Code  Telephone No. ()	USGS quad, Hand-held GPS, Survey-grade GPS '/'/_ SecTR  Distance Direction Nearest Town		
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: Gallons Per Minute	Number of Stages:		
Pump Test Data  Date Well Tested:  Static Water Level (A): Feet Below Land Surface  Pumping Water Level (B): Feet Below Land Surface  Drawdown [(B) – (A)]: Feet Below Land Surface  Test Pumping Rate: Gallons Per Minute	Method of Measuring Water Level Circle one  Air Line Electric Measuring Line Steel Tape Other (specify):  For flowing well, measured shut in head:  GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours  I HEREBY CERTIFY that the above statements are true to the best	feet afterhours of pumping of my knowledge.		
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer Form: OLWR-SWR-1B		