

County: Choctaw
 Permit #: _____
 Driller: D. Warren
 Date drilling completed: 1/7/10

State Well Report
Part 1 – Driller’s Log

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: D 233
 Well #: _____
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>MS Lignite Mining Company</u>	Latitude: <u>33 ° 23 ' 41 "</u> Longitude: <u>89 ° 14 ' 51 "</u>
Mailing Address: <u>1000 McIntire Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Ackerman</u> MS 39735 City State Zip Code	<u>SW ¼ NW ¼ Sec 27 Twn 18N Rng 10E</u>
Telephone No. <u>(662) 387-5200</u>	Distance Direction Nearest Town <u>5</u> Miles <u>NW</u> of <u>Ackerman</u>

Well / Borehole Data

Date drilling started: 1/6/10 Date drilling completed: 1/7/10 Hole depth: 260 Hole diameter: 8 in.

Location of the source of any surface water used for drilling: Creek Water

Method of dosing and volume of Chlorine used in drilling and development: 1 gal per 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 Wireline - Pilot Borings, E-log

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

Purpose of Well (check one): Home ___ Industrial ___ Public Supply ___ Irrigation ___ Fish Culture ___ Other: De-water

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: OLWR-SWR-1A

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D 233

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level →

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
WILCOX FORMATION	0	260

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 Gomer Wallace
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: _____
 Permit #: _____
 Driller: _____
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: D233
 Well #: _____
 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: _____	Latitude: _____ Longitude: _____
Mailing Address: _____ _____ _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ ¼ _____ ¼ Sec _____ T _____ R _____
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) _____	<u>5</u> Miles <u>NW</u> of <u>Ackerman</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ 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: <u>5</u> Gallons Per Minute	Number of Stages: _____

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

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
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