	State W	ell Report			
County:Choctaw	Part 1 – <b>Driller's Log</b>		For Office Use Only:		
		t of Environmental Quality	Aquifer: 235		
Permit #:	Office of Land and Water Resources P.O. Box 10631		Well #:		
Driller:D. Warren		IS 39289-0631	L. S. Elevation:		
Date drilling completed: _10/21/09		961-5210 4-6938 (fax)	E-log #:		
State Law requires that this repor Department at the above address			he work and filed with the		
Information on Well C	wner		rehole Location		
(Landowner if borehole is not for a water well)		Latitude: 33 ° 23 ' 41	" Longitude: 89 ° 14 ' 51 "		
Owner Name MS Lignite Mining	Company				
Mailing Address: 1000 McIntire R	oad	Method of Lat/Long (circle one): Conventional Survey,			
		USGS quad, Hand-held GPS, Survey-grade GPS			
Ackerman MS	39735	SW 1/4 NW 1/4 Sec 27			
City Stat		Distance Direction			
Telephone No. (662) 387-5200		5 Miles NW	of <u>Ackerman</u>		
Telephone No. (===)=======					
	Well / Bore	hole Data			
Date drilling started: 10/15/09 Date dri	lling completed: 10/21	/ 0 9 Hole depth: 245	Hole diameter: 8 in.		
Location of the source of any surface water	r used for drilling: C	reek Water			
Method of dosing and volume of Chlorine			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 W	ell X Geotechnical/Geolo	ogical Investigation Ground	Source Heat Pump		
Seismic S	urveyOther (describe)	)	nak.		
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: Other: De-water_					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 170.6 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: 245 Well grouted to a depth of 185 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC					
Screen length: 45 feet Screen diameter: 4 inches Type of screen: PVC					
Screen slot size: 0.01 inches Setting depth: From 190 feet to 235 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		

APR 0 1 2010 BY: OLWR

## The sketch below only required for water wells

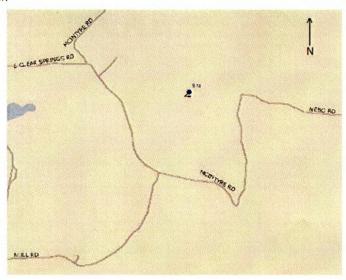
If well telescopes, show depths on sketch. Ground Level.

## 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	245
	-	

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 1565 3-30-2010

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

## STATE WELL REPORT

## Part 2

County:

Permit #:

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

For Office Use Only:				
Aquifer:	0235			
Well #:				
Elevation:				

Driller:  Date completed:	P.O. Jackson,	Box 10631 MS 39289-0631 1)961-5210	Well #:					
Copy information from block on Part 1 (601)35		54-6938 (fax)	Elevation:					
This part of the report must be completed by report must be attached and both parts filed								
Well Owner Information	n	Well Location						
Owner Name:  Mailing Address:		Latitude:Longitude:,  Method of Lat/Long (check one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS						
					City State	Zip Code	1/41/4 Sec	T R
					City State	Zip Code	Distance Direction	Nearest Town
Telephone No. ()		5 Miles NW of Ackerman						
Pump Type			lower Type					
Circle one			Circle one					
Air Lift Jet	Submersible	Diesel Engine Gaso	line Engine Natural Gas					
Bucket Piston T	urbine	Electric Motor Hand	Tractor PTO					
Centrifugal Rotary F	Flowing Well	Windmill Othe	r (specify):					
Other (specify):		Horse Power Rating of Motor:						
Date Pump Installed:		Setting Depth:feet						
Rated Pump Capacity: 5	allons Per Minute	Number of Stages:						
Pump Test Data			leasuring Water Level					
Date Well Tested:			Circle one					
Static Water Level (A):Feet Below Land Surface		Air Line Electric Measuring Line Steel Tape  Other (specify):						
Pumping Water Level (B):Feet Be	low Land Surface	Other (specify).						
Drawdown [(B) – (A)]:Feet Be	low Land Surface	For flowing well, measured	shut in head:feet					
Test Pumping Rate:G	allons Per Minute	Well yielded	GPM with a drawdown of					
Duration of Pump Test (minimum 4 hours):	hours	feet after	hours of pumping					
I HEREBY CERTIFY that the above statemen	ats are true to the best	of my knowledge.						
	<u> </u>							
Print Name of Pump Installer and License No.	(11 applicable)	Signature of Pump	Installer					

Form: OLWR-SWR-1B APR 0 1 2010