	¬ State Well Report [		For Office Use Only:			
County: Choctaw	Part 1 – Driller's Log		For Office Use Only:			
Permit #:		t of Environmental Quality	Aquifer:			
	The state of the s	nd Water Resources Box 10631	Well #:			
Driller: R. Warren		IS 39289-0631	L. S. Elevation:			
Date drilling completed: 10/12/09		961-5210				
	(601)354	4-6938 (fax)	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		Well or Borehole Location				
(Landowner if borehole is not for a water well)		Latitude: 33 º 23 ' 41	" Longitude: 89 ° 14 ' 51 "			
Owner Name MS Lignite Mining	g Company	Latitude. <u>55 _25 _41</u>	Longitude. 05 14 51			
Maintine I	ond.	Method of Lat/Long (circle or	ne): Conventional Survey,			
Mailing Address: 1000 McIntire F	toau	USGS quad, Hand-held GPS, Survey-grade GPS				
<u> </u>						
Ackerman M	S 39735	SW 1/4 NW 1/4 Sec 27	Twn18NRng10E			
City Sta		Distance Direction	Nearest Town			
Telephone No. (662) 387-5200		5 Miles NW	of Ackerman			
Telephone No. (002) 307 3200						
	Well / Bore	hole Data				
Date drilling started: 10/8/09 Date dr	rilling completed: 10/12	/09Hole depth: 285	Hole diameter: 8 in.			
Location of the source of any surface wat	er used for drilling:C	reek Water	S 20 32			
Method of dosing and volume of Chlorin	e used in drilling and devel	opment: 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 W	/ell_X Geotechnical/Geol	ogical Investigation Ground	Source Heat Pump			
Seismic Survey Other (describe)						
		n, skip the remainder of this blo	ock			
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: 152.4 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: 285 Well grouted to a depth of 205 feet Type of grout (circle one): Neat Cement Bentonite Mix						
Casing length: 220 feet Casing diameter: 4 inches Type of casing: PVC						
Screen length: 65 feet Screen diameter: 4 inches Type of screen: PVC						
Screen slot size: 0.01 inches Setting depth: From 210 feet to 275 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:

Form: OLWR-SWR-1A

feet. If telescoped or more than one screen, describe on next page



## The sketch below only required for water wells

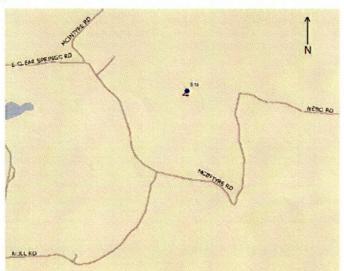
#### If well telescopes, show depths on sketch. Ground Level.

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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
WILCOX FORMATION	0	285
***************************************		

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:	D	739		
Well #:				
Elevation:				

	in Department of Environmental Quality lice of Land and Water Resources P.O. Box 10631
Date completed:  Copy information from block on Part 1	Jackson, MS 39289-0631 Well #:
	water well contractor or a licensed pump installer. A copy of Part 1 of the epartment 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
City State Zip C	Distance Direction Nearest Town
Telephone No. ()	5 Miles NW of Ackerman
Pump Type	Power Type
Circle one	Circle one
Air Lift Jet Submersibl	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing W	ell 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	Method of Measuring Water Level Circle one
Date Well Tested:	
Static Water Level (A):Feet Below Land	Other (specify):
Pumping Water Level (B):Feet Below Land S	Surface
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):	hourshours 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 applica	ble) Signature of Pump Installer Form: OLWR-SWR-1B

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			

APR 0 1 2010