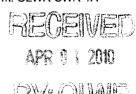
	₁ State w	eli Report	F 000 H 01		
County: Choctaw	Part 1 – Driller's Log		For Office Use Only:		
		t of Environmental Quality	Aquifer: 24		
Permit #:		nd Water Resources	Well #:		
Driller: D. Warren	1	Box 10631 IS 39289-0631			
Date drilling completed: 10/1/09	1	961-5210	L. S. Elevation:		
Bute driving completed.	1 ' '	4-6938 (fax)	E-log #:		
		` '			
State Law requires that this repo Department at the above address					
Information on Well		Well or Bo	rehole Location		
(Landowner if borehole is not f	for a water well)	Latituda: 33 ° 23 ' 41	" Longitude: 89 • 14 · 51 "		
Owner Name MS Lignite Mining	g Company	Latitude. 33 23 11 Longitude. 4 21 32			
Mailing Address: 1000 McIntire F		Method of Lat/Long (circle one): Conventional Survey,			
Fruming Fundacess.		USGS quad, Hand-held	GPS, Survey-grade GPS		
	20525	SW 1/4 NW 1/4 Sec 27	Twn 18N Rng 10E		
	S 39735 ate Zip Code	Distance Direction	Nearest Town		
-	Lip Code	5 Miles NW			
Telephone No. (662) 387-5200					
	Well / Bore	hole Data	s mad is :		
Date drilling started: 9/30/09 Date dr	rilling completed: 10/1	/ 0.9 Hole depth: 2.0.5	Hole diameter: 8 in		
<u> </u>		 	<u> </u>		
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:					
Purpose of borehole (check one): Water Well X Geotechnical/Geological Investigation Ground Source Heat Pump					
Seismic Survey Other (describe)					
If drilling is not related	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: Valve Other (describe)					
Static Water Level: 109.3 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: 205 Well grouted to a depth of 130 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 145 feet Casing diameter: 4 inches Type of casing: PVC					
Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC					
Screen slot size: 0.01 inches Setting depth: From 135 feet to 195 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

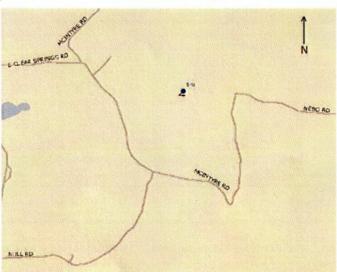
I	f well	telesc	opes,	show	depths	on	sketch.
Ī	Gre	und I	evel				

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	205
	<u> </u>	
		1
		*
	_ 14 5	

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.

STATE WELL REPORT

County:

Part 2
Pump Installer's Completion Report

For Office Use Only:		
Aquifer: 7	41	
Well #:		
Elevation:		

Permit #: Mi Driller: Date completed: Copy information from block on Part 1	Aquifer: Aquifer: Aquifer: Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax) Elevation:
	icensed water well contractor or a licensed pump installer. A copy of Part 1 of the h 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 SecTR
City State	Zip Code Distance Direction Nearest Town
Telephone No. ()	5 Miles NW of Ackerman
Pump Type Circle one	Power Type Circle one
Air Lift Jet Sub	mersible Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turb	oine Electric Motor Hand Tractor PTO
Centrifugal Rotary Flow	wing Well Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor:
Date Pump Installed:	Setting Depth:feet
Rated Pump Capacity:5Gallo	ons 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 Pumping Water Level (B):Feet Below	v Land Surface Other (specify):
Drawdown [(B) – (A)]: Feet Below	
Test Pumping Rate: Gallo	
Duration of Pump Test (minimum 4 hours):	
I HEREBY CERTIFY that the above statements a	are true to the best of my knowledge.

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

Form: OLWR-SWR-18

APR 0 1 2010