#205

	State Well Report		
County: Choctaw	Part 1 – Driller's Log	For Office Use Only:	
	Mississippi Department of Environmental Quality	Aquifer: 0242	
Permit #:	Office of Land and Water Resources	Well #:	
Driller: D. Warren	P.O. Box 10631 Jackson, MS 39289-0631		
Date drilling completed: _10/5/09	(601)961-5210	L. S. Elevation:	
	(601)354-6938 (fax)	E-log #:	
Owner Name MS Lignite Minin	Latitude: 33 ° 23 ' 41	" Longitude: <u>89°14 '51</u> "	
	Method of Lat/Long (circle of	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: 1000 McIntire			
	SW 1/4 NW 1/4 Sec 27	7 _{Twn} 18N _{Rng} 10E	
Ackerman M	IS 39735		
City St	ate Zip Code Distance Direction 5 Miles NW		
Telephone No. (662) 387 - 5200			
	Well / Borehole Data		
Method of dosing and volume of Chlorin Logs run (circle all applicable): (No log ru	ter used for drilling: <u>Creek Water</u> ne used in drilling and development: <u>1 gal per 50</u> Electric Gamma Ray Density Sonic Neutron	Other:	
Name of organization running log(s): Ce	ntury Wireline - Pilot Borings, E-1	og	
Purpose of borehole (check one): Water V	X Geotechnical/Geological Investigation Ground	nd Source Heat Pump	
Seismic	Survey Other (<i>describe</i>)		
If drilling is not relate	d to water well construction, skip the remainder of this l	block	
Purpose of Well (check one): Home	Industrial Public Supply Irrigation Fish Culture	eOther: <u>De-water</u>	
If a flowing well, method of flow regulation	on: Valve Other (describe)		
Static Water Level: 98.1 feet a	bove 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: <u>170</u> Well grouted to a d	lepth of <u>105</u> feet Type of grout (circle one): Neat Ce	ment Bentonite Mix	
Casing length: <u>110</u> feet Cas	ing diameter: <u>4</u> inches Type of casing: _	PVC	
Screen length: <u>60</u> feet Scr	een diameter: <u>4</u> inches Type of screen: _	PVC	
Screen slot size: 0.01 inches	Setting depth: From <u>110</u> feet to	<u>170</u> feet	
Type of completion (circle all applicable)	: Gravel packed Underreamed Telescoped Ope	n hole Natural Development	
	Other (describe):	<u> </u>	
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one scr	een, describe on next page	

Form: OLWR-SWR-1A

APR 0 1 2010 BY: OLWR

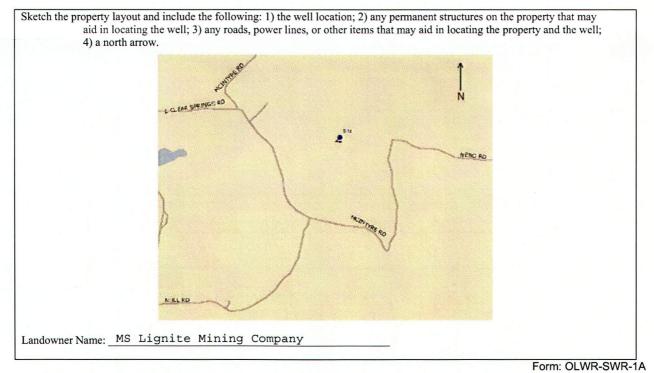
D24L

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	170
		×

If more than one screen, show location of each on sketch



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.

Date

0515 3-30-2010

Jomer Wallan

Print Name of Responsible Licensee and License No.

GOMER WALLACE

Signature of Licensee

APR 0 1 ZURJ BY: OLWP

County: Permit #: Driller: Date completed: Copy information from block on Part 1	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)		For Office Use Only: Aquifer: 242 Well #:				
This part of the report must be completed report must be attached and both parts fi	led with the Department	t at the above address within 30 da	ys 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 1'41'4 Sec T R					
				City State	Zip Code	Distance Direction	Nearest Town
				Telephone No. ()	<u></u>	<u>5</u> Miles NW of	Ackerman
Pump Type		Pow	ver Type				
Circle one		Cir	rcle one				
Air Lift Jet	Submersible	Diesel Engine Gasoline	e Engine Natural Gas				
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO				
Centrifugal Rotary	Flowing Well	Windmill Other (s	specify):				
Other (specify):		Horse Power Rating of Motor:					
Date Pump Installed:		Setting Depth:	feet				
Rated Pump Capacity:5	_Gallons Per Minute	Number of Stages:					
Pump Test Data			suring Water Level				
Date Well Tested:		Air Line Electric Meas					
Static Water Level (A):Feet Below Land Surface							
Pumping Water Level (B):Feet	Below Land Surface	Other (specify):					
Drawdown [(B) – (A)]:Feet	Below Land Surface	For flowing well, measured shu	ut in head:feet				
Test Pumping Rate:	Gallons Per Minute	Well yielded	_GPM with a drawdown of				

Print Name of Pump Installer and License No. (if applicable)

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Signature of Pump Installer

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