	State W	ell Report		
County: Choctaw	Part 1 – Driller's Log		For Office Use Only:	
		of Environmental Quality	Aquifer: 247	
Permit #:	Office of Land and Water Resources		Well #:	
Driller: D. Warren	P.O. Box 10631			
Date drilling completed: 1/13/10		S 39289-0631 961-5210	L. S. Elevation:	
Date drilling completed:	()	4-6938 (fax)	E-log #:	
State Law requires that this report Department at the above address			he work and filed with the	
Information on Well C		Well or Bo	rehole Location	
(Landowner if borehole is not for	or 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,		
Mailing Address: 1000 McIllelle R	oau	USGS quad, Hand-held	GPS, Survey-grade GPS	
Ackerman MS	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	
receptione (vo. (vo.) vo.				
	Well / Borel	hole Data		
Date drilling started: $1/12/1$ 0 Date dr	illing completed: $1/13/$	10 Hole depth: <u>185</u>	Hole diameter: 8 in.	
V		rook Water		
Location of the source of any surface water Method of dosing and volume of Chlorine	er used for drilling:c	opment: 1 gal per 500	gal water	
Logs run (circle all applicable): No log run Name of organization running log(s):	n Electric Gamma Ray ntury Wireline -	Density Sonic Neutron Pilot Borings, E-lo	Other:	
Purpose of borehole (check one): Water W	ell X Geotechnical/Geolo	ogical Investigation Ground	Source Heat Pump	
	Survey Other (describe)		ock	
Purpose of Well (check one): Home I	ndustrial Public Supply	Irrigation Fish Culture	Other: <u>De-water</u>	
If a flowing well, method of flow regulation	n: Valve Or	ther (describe)		
Static Water Level: 124.2 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: 185 Well grouted to a depth of 135 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 145 feet Casing diameter: 4 inches Type of casing: PVC				
Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC				
Screen slot size: 0.01 inches Setting depth: From 140 feet to 180 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



The sketch below only required for water wells

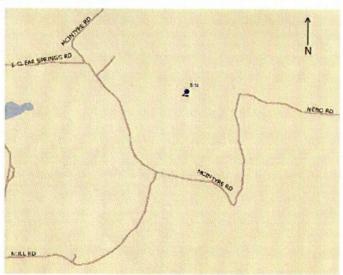
If well telescopes, show depths on sketch. Ground Level.

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	185

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 OSCS 3-30-7010

Signature of Licensee

Print Name of Responsible Licensee and License No.

Date

STATE WELL REPORT

Part 2

County:

Permit #:

Driller:

Date completed:

Copy information from block on Part 1

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:	D	247		
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

Well Owner Information			Well Location		
Owner Name:			Latitude:Longitude:		
Mailing Address:			Method of Lat/Lon	g (check one): Conventi	onal Survey,
· · · · · · <u>-</u>		<u> </u>	USGS quad,	Hand-held GPS, Sur	rvey-grade GPS
_			1/41	½ SecT	_ R
C	ity State	Zip Code	Distance I	Direction Nearest	Town
Telephone No. ()			NW of Ack	erman
	Pump Type Circle one			Power Type Circle one	
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):			Horse Power Ratin	g of Motor:	
Date Pump Installed	:	erg fire i	Setting Depth:		feet

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		
Pumping Water Level (B):	Feet Below Land Surface	Other (specify):	
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	n 4 hours):hours	feet afterhours of pumping	

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

Form: OLWR-SWR-1B

APR 0 1 2010

BY: OLWP