	State W	ell Report	
County: Choctaw		Priller's Log	For Office Use Only:
	Mississippi Department of Environmental Quality		Aquifer: D 249
Permit #:	Office of Land and Water Resources		Well #:
Driller: D. Warren	P.O. Box 10631 Jackson, MS 39289-0631		
Date drilling completed: _1/7/10		961-5210	L. S. Elevation:
		4-6938 (fax)	E-log #:
State Law requires that this report Department at the above address			
Information on Well (		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		3
Mailing Address: 1000 McIntire R	load	Method of Lat/Long (circle one): Conventional Survey,	
rading radiess.		USGS quad, Hand-held	GPS, Survey-grade GPS
Ackerman M	S 39735	SW 1/4 NW 1/4 Sec 27	
City Sta		Distance Direction	
Telephone No. (662) 387-5200		5 Miles NW	of Ackerman
	Well / Bore	hole Data	100
Date drilling started: $1/7/10$ Date dr	illing completed: 1/8/1	LO Hole depth: 205	Hole diameter: 8 in.
Location of the source of any surface water	er used for drilling: C	reek Water	
Method of dosing and volume of Chloring			gal water
Logs run (circle all applicable): No log run Name of organization running log(s): Ces	n Electric Gamma Ray ntury Wireline -	Density Sonic Neutron (Pilot Borings, E-lo	Other:
Purpose of borehole (check one): Water W			
Seismic S	Survey Other (describe)		
		n, skip the remainder of this blo	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	on: Valve O	ther (describe)	
Static Water Level: 155.8 feet ab	oove or below (circle one) la	and surface Date measured:_	3/12/10
Method of Measurement (circle one) st	eel tape electric tape	air line other:	
Well depth: 205 Well grouted to a de	pth of <u>155</u> feet Type	of grout (circle one): Neat Ceme	ent Bentonite Mix
Casing length: <u>165</u> feet Casin	ng diameter:4	_inches Type of casing:	PVC
Screen length: 40 feet Scre	en diameter:4	inches	PVC
Screen slot size: 0.01 inches	Setting depth: From	160 feet to	feet feet
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Open	hole Natural Development
	Other (describe):		
Top of lap pipe or reduction in casing:	feet. <u>If tel</u>	escoped or more than one scree	n, describe on next page
			Form: OLWR-SWR-1A

APR 0 1 2010

BY: OLWP

## The sketch below only required for water wells

If well telescopes, show depths on sketch.

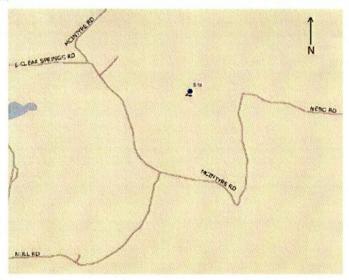
Ground Level

Description of formations encountered must be provided for	all
wells and boreholes, unless specifically exempted by regulati	ons

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
WILCOX FORMATION	0	205
		1
		1

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

RECEIVED

BY-OIWE

Print Name of Responsible Licensee and License No.

Date

## STATE WELL REPORT

## Part 2

County:

Pump Installer's Completion Report
Mississippi Department of Environmental Quality

For	Office	Use Only:
Aquifer:	0	249
Well #:		
Elevation:		

Permit #:		nt of Environmental Quality Aquifer:	n 249
Driller:		and Water Resources Box 10631	) - (1
Date completed:	Jackson, l	MS 39289-0631 Well #:	Well #:
Copy information from block on Part 1		)961-5210 54-6938 (fax) Elevation:	
	v a licensed water well	contractor or a licensed pump installer. A cop	y 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 com	pletion.
Well Owner Information		Well Location	
Owner Name:		Latitude:Longitude:	
Mailing Address:		Method of Lat/Long (check one): Conventio	nal Survey,
		USGS quad, Hand-held GPS, Surv	ey-grade GPS
for the second second	7 7 10		
City State	Zip Code	1/41/4 SecT	
		Distance Direction Nearest To	
Telephone No. ()		5 Miles NW of Acker	erman
Pump Type		Power Type	
Circle one		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 Rating of Motor:	
Date Pump Installed:		Setting Depth:	feet
Rated Pump Capacity: 5	Gallons Per Minute	Number of Stages:	
Pump Test Data		Method of Measuring Water Level	
Date Well Tested:	<u> </u>	Circle one	
Static Water Level (A):Feet B		Air Line Electric Measuring Line	Steel Tape
		Other (specify):	
Pumping Water Level (B):Feet Bo			
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): _	hours	feet after1	nours of pumping
I HEREBY CERTIFY that the above stateme	nts are true to the best	of my knowledge.	
Print Name of Pump Installer and License No	. (if applicable)	Signature of Pump Installer	
	· · · · · · · · · · · · · · · · · · ·		rm: OLWR-SWR-

