



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

WELL SCHEDULE

FIPS: 19

WELL: D63

LOG NO.:

Recorded by: PPhillips Data Source: Lignite mine files Driller's log Date: 8/19/03

County: Choctaw Permit No.: DOH No.:

Quad: Reform Elevation: 542'

1/4: 1/4: SW 1/4: SW 1/4: NW Sec.: 27 T: 18N R: 10E

Plotted on quad?: In field? From drillers log? From permit?

Latitude: Longitude: GPS? 12/7/99 From Quad?

Primary aquifer: WLCXM Secondary aquifer:

Use: OB Well status: Local well name: 3576-OB2

Owner: MS Lignite Corp.

Date completed: 10/29/96 Driller: GeoScience Eng. Well depth: 65' Hole Depth: 68'

Pump type: None Power type: Pump capacity: HP:

Casing interval: 0-55 Casing length: 55' Casing diameter: 2" Casing type: PVC

Casing interval: Casing length: Casing diameter: Casing type:

Screen interval: 55-65 Screen length: 10' Screen diameter: 2" Screen type: PVC

Screen interval: Screen length: Screen diameter: Screen type:

Type of logs: E, GR Log interval:

Initial water level: Date: M.P. description:

Water Quality Data? Source: Reliability:

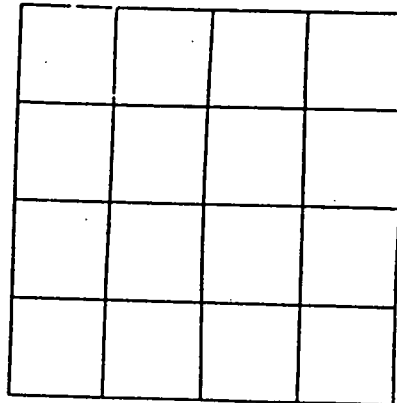
Water Level Data? Source: Reliability:

Pump Test Data? Source: Reliability:

Water Use Data? Source: Reliability:

If well telescopes please sketch and show depths.

GROUND LEVEL



SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth
		FT.

PUMP TEST

Well yielded _____ GPM with
a drawdown of _____ ft.
after _____ hours of pumping

LOG DATA

TYPE OF LOG RUN (Circle One): No Log Run,
(Electric,) (Gamma Ray,) Density, Sonic, Neutron,
Other (Describe) _____

Name of Organization Running Log

ms office of Geology

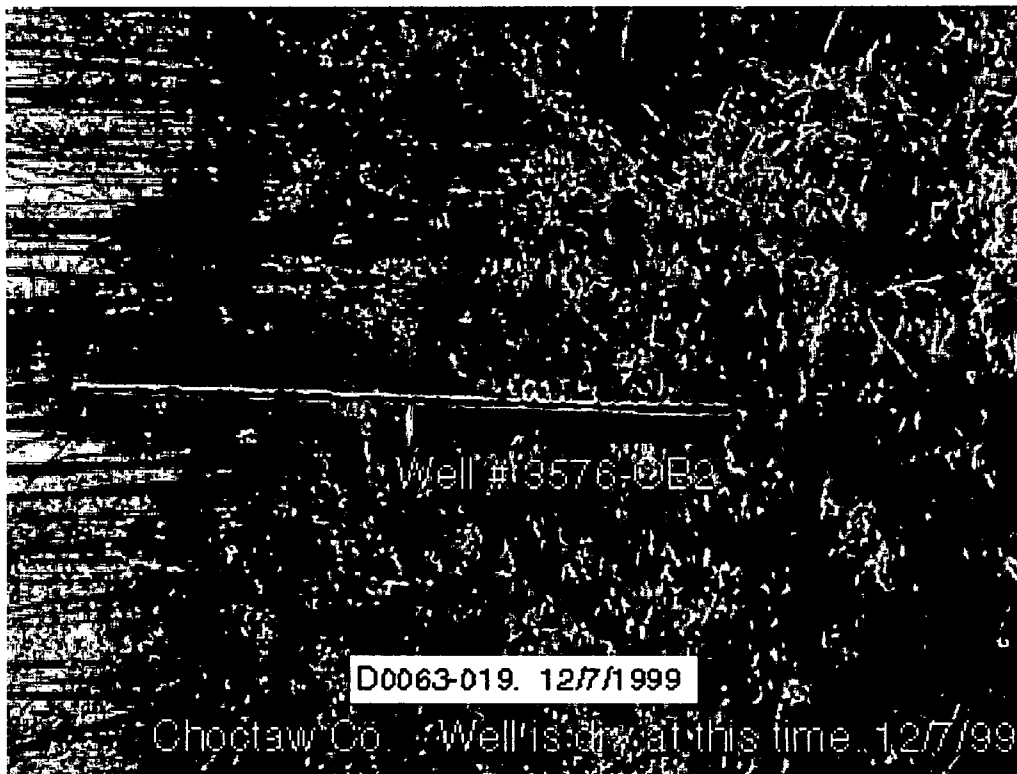
GEOLOGIC DATA (Office Use Only)

Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL*	Date	Analysis	Aquifer Test

Driller's Remarks

Well logged 11/6/01

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



Well #13576-0B2

D0063-019. 12/7/1999

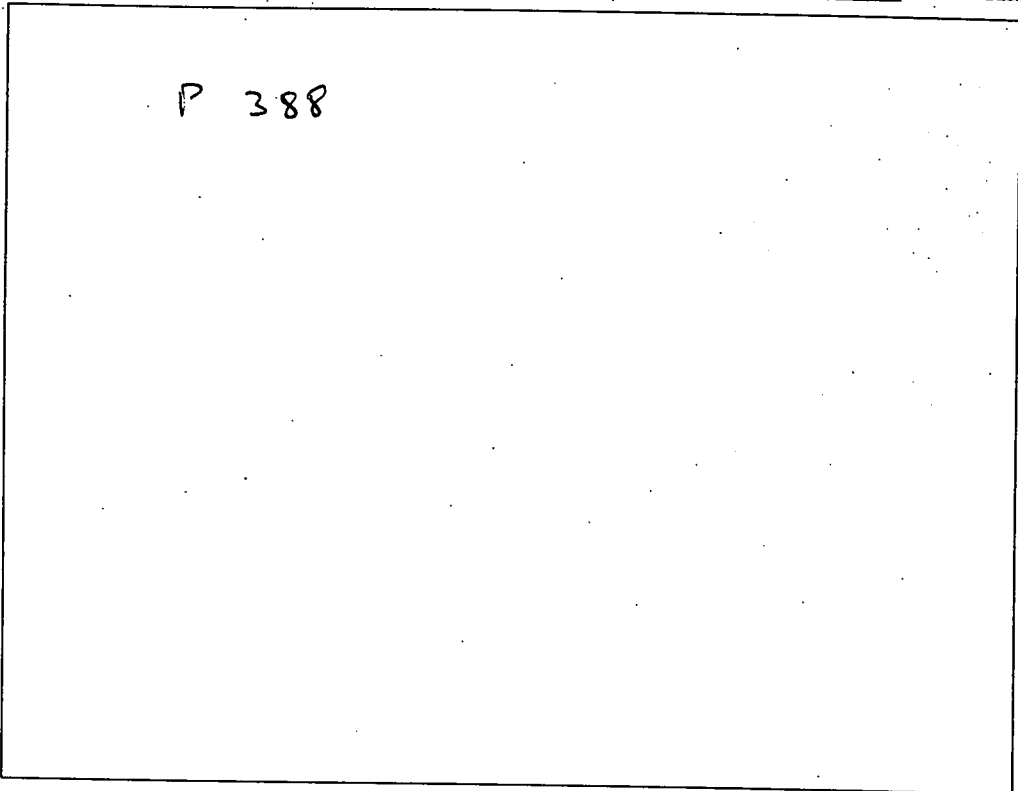
Choctaw Co. Well is dry at this time. 12/7/99

Water Well Field Data Form

USGS # / FP D63 County Chester Health # _____ Aquifer _____

Owner Wayne's # : D3576 Local Name 3576-0B2

Quad Map _____ Location _____ Elevation _____



Measuring Point Top of PVC casing inside Date 12/7/99 Party _____
protective casing above ground

Remarks 99.3 ft below
top of casing is
sound depth

Tape Down #	1	2	3	4
Held				
Wet				
Difference				
MP Correction	<u>2.90</u>			
Water Level	<u>Dry</u>			

Additional remarks and/or sketches on back (circle if any)

3699
3698
3697
3696
3695
1 350 000
FEET
33°22'30"
T. 18 N.
T. 17 N.

