



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

WELL SCHEDULE

FIPS: 19

WELL: D64

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-EHA

Owner: ms Lignite Corp.

Date completed: 10/25/96 Driller: GeoScience Eng. Well depth: 180 Hole Depth: 184

Pump type: Sonic* Power type: none Pump capacity: _____ HP: _____

Casing interval: 0-130 Casing length: 130 Casing diameter: 4" Casing type: PVC

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

Screen interval: 130-180 Screen length: 50' Screen diameter: 4" 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: _____

* Pump is used for water samples, Generator is brought to site for power.

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.
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PUMP TEST

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

LOG DATA

TYPE OF LOG RUN (Circle One): Electric Gamma Ray Density Sonic Neutron Nc Log Run
 Other (Describe) _____

Name of Organization Running Log

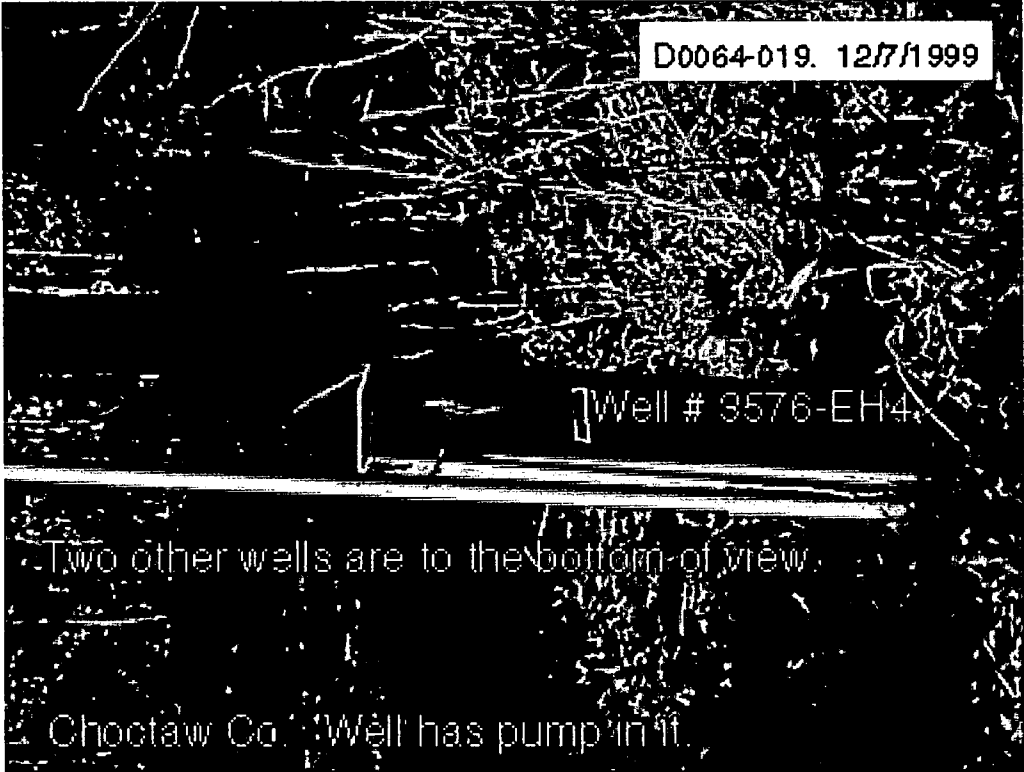
Century Geophysical Corp

GEOLOGIC DATA (Office Use Only)

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

Driller's Remarks

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



D0064-019. 12/7/1999

Well # 3576-EH4

Two other wells are to the bottom of view.

Choctaw Co. Well has pump in it.

Water Well Field Data Form

USGS # / FP D64 County Choctaw Health # _____ Aquifer _____

Owner Wayne's # : 3576 Local Name 3576-EN4

Quad Map _____ Location _____ Elevation _____

19C

33	23.766	P 386
89	14.578	

Measuring Point Top of PVC fitting on block Date 12/2/99 Party _____

Cap on top of PVC casing inside
protection steel casing

Remarks Pump in casing -
could not sound
well depth

Tape Down #	1	2	3	4
Held	140.00			
Wet	12.74			
Difference	127.26			
MP Correction	2.75			
Water Level	124.51			

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