



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

WELL SCHEDULE

FIPS: 19

WELL: D67

LOG NO.:

Recorded by: PPhillips Data Source: Lignite Driller's log Date: 8/19/03
County: Choctaw Permit No.: DOH No.:
Quad: Reform Elevation: 505
1/4: SW 1/4: SE 1/4: SE 1/4: SE Sec.: 27 T: 18N R: 10E

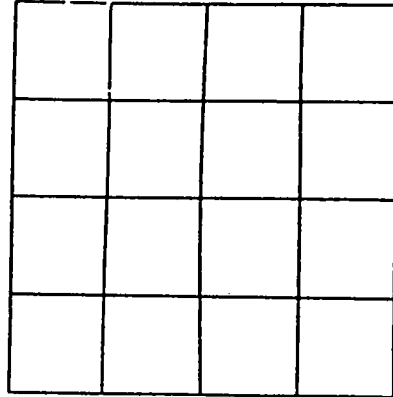
Plotted on quad?: In field? From drillers log? From permit?
Latitude: Longitude: GPS? 8/13/01 From Quad?
Primary aquifer: WLCXM Secondary aquifer:
Use: OB Well status: Local well name: 4009-GH2
Owner: MS Lignite Corp.

Date completed: 11/10/00 Driller: GeoScience Eng. Well depth: 100 Hole Depth: 100
Pump type: None Power type: Pump capacity: HP:
Casing interval: 0-90 Casing length: 90' Casing diameter: 2" Casing type: PVC
Casing interval: Casing length: Casing diameter: Casing type:
Screen interval: 90-100 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

Century Geophysical Corp

GEOLOGIC DATA (Office Use Only)

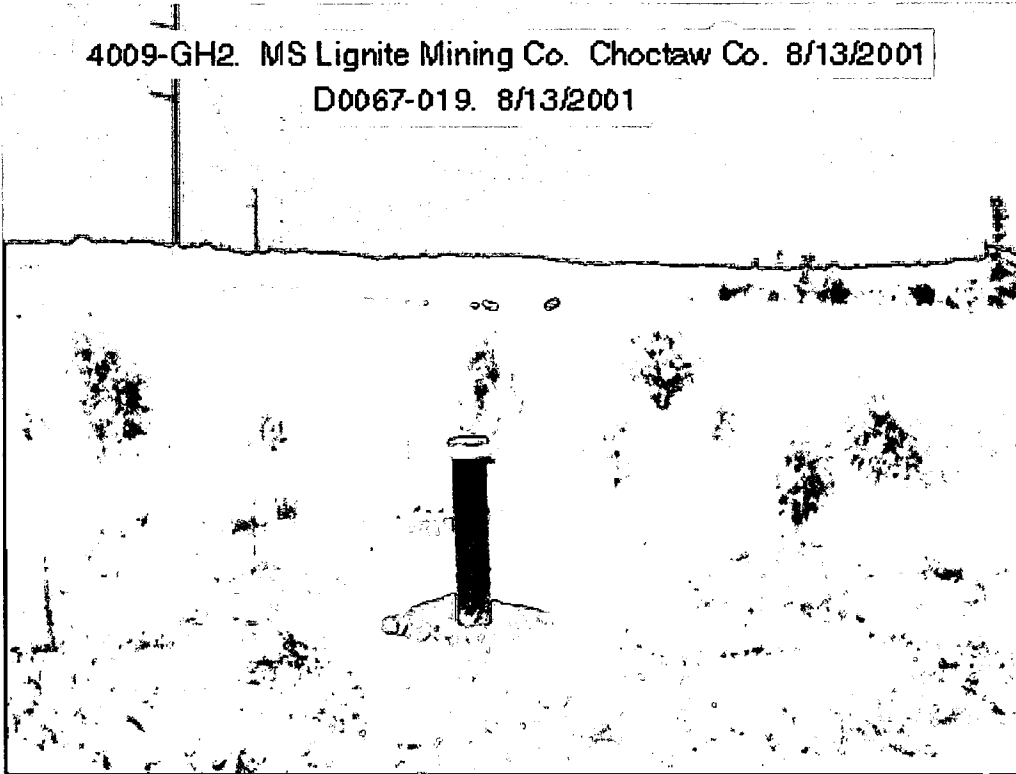
Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test

Driller's Remarks

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

4009-GH2. MS Lignite Mining Co. Choctaw Co. 8/13/2001

D0067-019. 8/13/2001



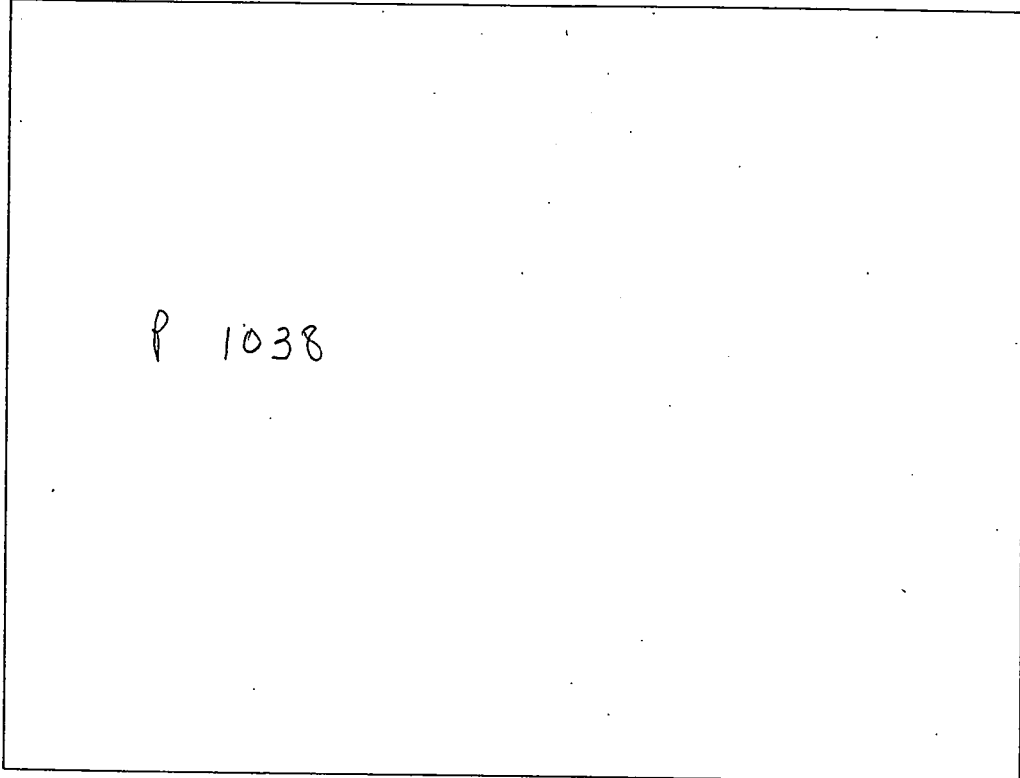
4002-GHS MS Light Mining Co. Choctaw Co. 871315001
D0007-019 871315001

Water Well Field Data Form

USGS / FP _____ County Cherokee Health # _____ Aquifer WLCM

Owner _____ Local Name 4009-GH2

Quad Map _____ Location _____ Elevation _____

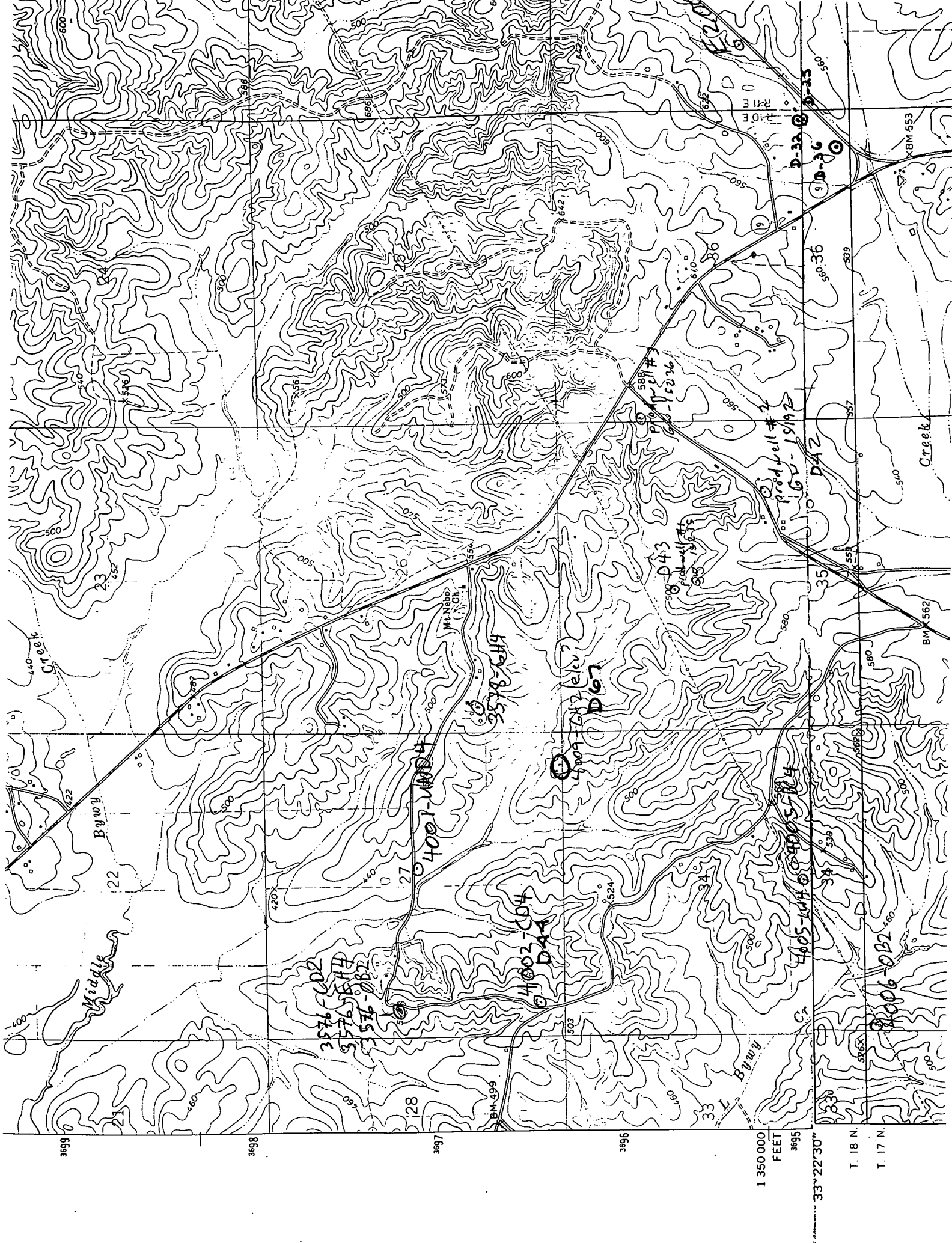


Measuring Point Top of steel gauge pipe Date 8/13/01 Party LWW/JHH

Remarks Depth 107.29
below mp
GPS
33,38687
89.22902

Tape Down #	1	2	3	4
Difference	73.58			
MP Correction	2.76			
Water Level	70.82			

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



3699 3698 3697 3696

1 350 000
FEET
3695

T. 18 N.
T. 17 N.

33°22'30"

3576-002
3576-004
3576-006
3576-008

4001-0004

4002-004
D44

4005-004
D45

4006-002
D46

D67

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Mt. Nebo, Mo., Oh.

RTE

Creek

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