

County: Stone  
 Permit #: \_\_\_\_\_  
 Driller: Lynar  
 Date drilling completed: 12/20/06

# State Well Report

## Part 1

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: \_\_\_\_\_  
 Well #: K-43  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Gulf Destinations Enterprises Inc</u>	Latitude: <u>30° 43' 29"</u> Longitude: <u>89° 11' 01"</u>
Mailing Address: <u>409 M.P. Parke Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>P.O. Box 250</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>McKean, MS 39561</u>	<u>N4 1/4 SW 1/4</u> Sec <u>3</u> Twn <u>48</u> Rng <u>12W</u>
City: _____ State: _____ Zip Code: _____	Distance _____ Miles _____ of _____
Telephone No. <u>601 978-9675</u>	Direction _____ Nearest Town _____

**Well Data**

Purpose of Well (circle one) Home Industrial ~~Public Supply~~ Irrigation Fish Culture Other: Testhole

Date well drilling started: 12/10/06 Date well drilling completed: 12/20/06

If flowing, method of flow regulation: Valve NA Other (describe) \_\_\_\_\_

Static Water Level: 150 feet above or below (circle one) land surface Date measured: 12/20/06

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 1425 Well depth: 1380 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1320 feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 60 feet Screen diameter: 4 inches Type of screen: saw

Screen slot size: .010 inches Setting depth: From 1320 feet to 1380 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: NA feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): MD&E K-0043

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Josh Ladner 0-6-10  
 Print Name of Water Well Contractor and License No.

Josh Ladner  
 Signature of Water Well Contractor

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# STATE WELL REPORT

## Part 2

**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: \_\_\_\_\_

Well #: K-43

Elevation: \_\_\_\_\_

County: Stone  
 Permit #: \_\_\_\_\_  
 Driller: Lynar  
 Date completed: 12/20/06

**This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.**

Well Owner Information	Well Location
Owner Name: <u>Gulf Destinations Enterprises Inc.</u>	Latitude: <u>304329N</u> Longitude: <u>891101W</u>
Mailing Address: <u>409 N.P. Parker Rd</u> <u>P.O. Box 250</u> <u>McHenry MS 39564</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>3</u> Twn <u>45</u> Rng <u>12W</u>
Telephone No. <u>(601) 928-9675</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5HP</u>
Date Pump Installed: <u>12/20/06</u>	Setting Depth: <u>220</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1/03/07</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>150</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>190</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>85</u> GPM with a drawdown of
Test Pumping Rate: <u>85</u> Gallons Per Minute	<u>40</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Josh Ladner 0-640 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 JAN 11 2007  
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