

# 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)

County: Stone  
Permit #: \_\_\_\_\_  
Driller: Lynan  
Date drilling completed: 12/10/06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: K-44  
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</u>	Latitude: <u>30.43.29</u> Longitude: <u>89.11.01</u>
Mailing Address: <u>409 MD Barker Rd</u> <u>PO Box 250</u> <u>Mchenry MS 39561</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 3 Twn 45 Rng 12W</u>
Telephone No. <u>601, 928-9675</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

**Well Data**

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

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

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

Static Water Level: 200 feet above or below (circle one) land surface Date measured: 12/10/06

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

Hole depth: 240 Well depth: 230 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 210 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: saw

Screen slot size: .010 inches Setting depth: From 210 feet to 240 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: \_\_\_\_\_ 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): \_\_\_\_\_

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.

Cash Palmer C-640 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. 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-44

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

County: Stone  
 Permit #: \_\_\_\_\_  
 Driller: Lyman  
 Date completed: 12/10/06

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</u>	Latitude: <u>304329</u> Longitude: <u>891101</u>
Mailing Address: <u>409 MP Parker Rd</u> <u>PO Box 250</u> <u>McHenry MS 39561</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW</u> 1/4 <u>SW</u> 1/4 Sec <u>3</u> Twn <u>45</u> Rng <u>12W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Miles Direction: _____ Nearest Town: _____
Telephone No. <u>(601) 928-9675</u>	

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

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NA</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line      Steel Tape
Static Water Level (A): <u>200</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Opal Hadner 0-6410      Opal Hadner  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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