County: Stone

Permit #:

Driller: Lyman

Date drilling completed: 2/01/07

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: L-37

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

Owner Name: Gulf Destinations

Mailing Address: 409 MP Parker Rd
PO Box 250

Mcheary MS 39561
City State Zip Code

Telephone No. (601) 928-9675

Well Location

Latitude: 30 ° 42 ' 12 " Longitude: 89 ° 6 ' 15 "

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

SE SE NE ¼ NE ¼ Sec 17 Twn 4S Rng 11W

Distance ____ Miles Direction ____ of Nearest Town ____

Well Data

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

Date well drilling started: 1/31/07 Date well drilling completed: 2/01/07

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

Static Water Level: 150' feet above or below (circle one) land surface Date measured: 2/03/07

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

Hole depth: 1320 Well depth: 1280 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1230 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 4 inches Type of screen: Saw

Screen slot size: .010 inches Setting depth: From 1230 feet to 1250 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): MDEQ

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 0-640

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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BY: OLWR

~~K-43~~ L37

The sketch below only required for water wells

If well telescoped, show depths on sketch.

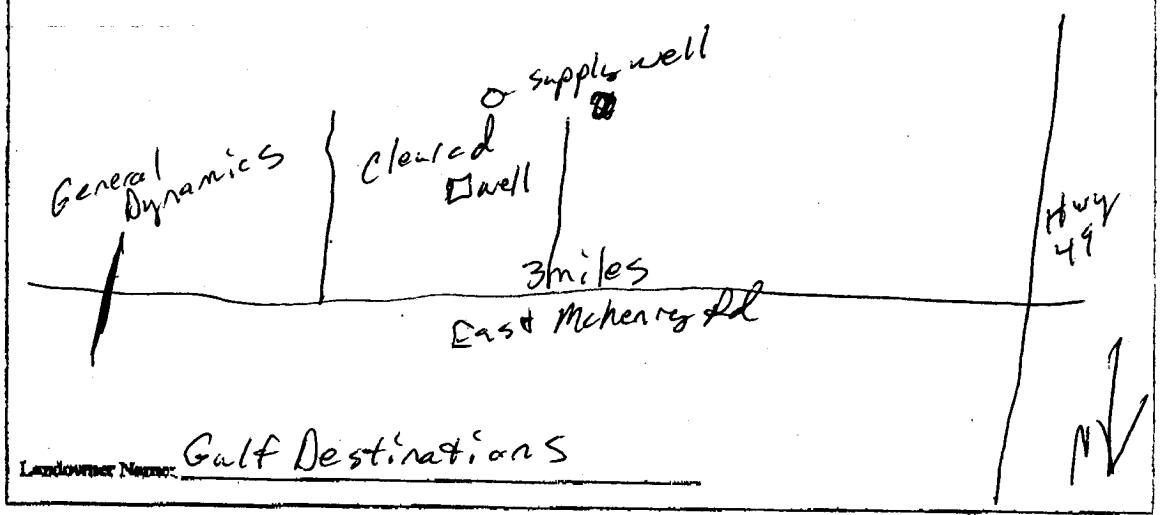
Ground Level X

Description of formations encountered must be provided for all wells and borehole, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
red sand	0	60
blue clay	60	200
brown sand	200	260
blue clay	260	320
sand	320	430
Clay	430	530
sand	530	580
clay	580	800
coarse sand	800	830
blue clay	830	1175
sand	1175	1280

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



Landowner Name: Gulf Destinations

Form: OLWR-SWR-1A

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

Josh Ladner O-646 2/9/07 Josh Ladner

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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BY: OLWR

STATE WELL REPORT

County: Stone

Permit #:

Driller: Lynar

Date completed: 2/01/07

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-43 437

Elevation:

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

Owner Name: Gulf Destinations

Mailing Address: 409 MP Parker Rd
PO Box 250
McHenry MS 39561
City State Zip Code

Telephone No. (601) 928-9675

Well Location

Latitude: 30°42.12 Longitude: 89°6.15"

Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS

SE SE NE ¼ NE ¼ Sec 17 Twn 4S Rng 11W

Distance Direction Nearest Town

____ Miles ____ of ____

Pump Type
Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well

Other (specify):

Date Pump Installed: 2/5/07

Rated Pump Capacity: 65 Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas, (Electric Motor), Hand, Tractor PTO, Windmill, Other (specify):

Horse Power Rating of Motor: 5HP

Setting Depth: 220 feet

Number of Stages: 20

Pump Test Data

Date Well Tested: 2/5/07

Static Water Level (A): 150 Feet Below Land Surface

Pumping Water Level (B): 200 Feet Below Land Surface

Drawdown [(B) – (A)]: 50 Feet Below Land Surface

Test Pumping Rate: 67 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): ____ hours

Method of Measuring Water Level
Circle one

Air Line, (Electric Measuring Line), Steel Tape

Other (specify):

For flowing well, measured shut in head: ____ feet

Well yielded 67 GPM with a drawdown of 50 feet after 4 hours of pumping

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

Josh Ladner 0640
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

RECEIVED
FEB 14 2007
BY: OLWR