

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 #: MSGW-14436
Driller: Lynan Well
Date drilling completed: 3/1/08

For Office Use Only:
Aquifer: _____
Well #: L-37 ⁴²
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° 42' 12"</u> Longitude: <u>89° 0' 15"</u>
Mailing Address: <u>419 MP Rucker Rd.</u> <u>P.O. 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>1/4</u> <u>1/4</u> Sec <u>17</u> Twn <u>45</u> Rng <u>11W</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: _____

Date well drilling started: 3/1/08 Date well drilling completed: 3/30/08

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

Static Water Level: 106' feet above or below (circle one) land surface Date measured: 4/2/08

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

Hole depth: 1250 Well depth: 1250 Well grouted to a depth of 1176 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1176 feet Casing diameter: 12 inches Type of casing: steel

Screen length: 50' feet Screen diameter: 6x8 mesh inches Type of screen: col base mesh pack

Screen slot size: 10/2 inches Setting depth: From 1200 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: 1074 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): ADCO Log run for test hole (L37)

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

RECEIVED
MAY 12 2008
BY: OLWR

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 #: ~~XXXXXXXXXX~~ **42-37**

Elevation: _____

County: Stone
 Permit #: M56W16436
 Driller: Lynas Well
 Date completed: 3/30/08

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>Bulk Destinations</u>	Latitude: <u>30 42 12</u> Longitude: <u>89, 6, 15</u>
Mailing Address: <u>409 M P Parker Rd</u> <u>P.O. 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 ____ ¼ ____ ¼ Sec <u>17</u> Twn <u>43</u> Rng <u>11W</u>
Telephone No. <u>(601) 928-9675</u>	Distance Direction Nearest Town ____ Miles ____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>75</u>
Date Pump Installed: <u>3/30/08</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>600</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/17/08</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>106</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>130</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>24</u> Feet Below Land Surface	Well yielded <u>650</u> GPM with a drawdown of <u>24</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>650</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</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]
 Signature of Pump Installer

RECEIVED
 MAY 12 2008
 BY: OLWR