	State V	Vell Report	[]	
County: UNION	Part 1 – Driller's Log		For Office Use Only:	
Demuit #		nt of Environmental Quality	Aquifer:	
Permit #: P 1 0		and Water Resources Box 2307	Well #: K-34	
Driller: TARKS & TARKS		n, MS 39225		
Date drilling completed: 5/4/09	(601)	961-5210	L. S. Elevation:	
	(601)96	51- 5228 (fax)	E-log #:	
State Law requires that this repo	s I he prepared by the lic	ense halder responsible for		
Department at the above address	within 30 days of com	pletion of drilling of the well	or borehole.	
Information on Well (Information on Well Owner (Landowner if borehole is not for a water well)		orehole Location	
			_" Longitude: ° ' "	
Owner Name GARY DAURY	ATY			
Mailing Address: 47 CR 1195		Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
Booneville M	Beoneville MS 38829 City State Zip Code			
City Sta			Nearest Toyn	
Telephone No. (62) 2/2 - 30	015	Distance Direction	of FinedAle	
	Well / Bore			
Date drilling started: 4/14 Date dri	lling completed	A Hole denth: 709	Hole diameters	
•	•		Hole diameter:	
Location of the source of any surface wate	r used for drilling:			
Method of dosing and volume of Chlorine				
Logs run (circle all applicable). No log run Name of organization running log(all	Electric Gamma Ray	Density Sonic Neutron (Other:	
Name of organization running log(s):				
Purpose of borehole (check one): Water We	ell Geotechnical/Geold	gical Investigation Ground	Source Heat Pump	
Seismic S If drilling is not related	urvey Other (describe)	, skip the remainder of this blo		
Purpose of Well (check one): Home	dustrial Public Supply	Irrigation Fish Culture	Other:	
If a flowing well, method of flow regulation	n: Valve Ot	her (describe)		
Static Water Level:feet abo	ove or below (circle one) la	and surface Date measured:	5/1/09	
Method of Measurement (circle one) ste	el tape electric tape	air line other:		
Well depth: 709 Well grouted to a dep	th of D feet Type	of grout (circle one) Next Came	ent Bentonite Mix	
		or grout (en ore ond). Heat Cente	Bentonne Mix	
Casing length: <u>649</u> feet Casing	g diameter:	_inches Type of casing:	frc	
Screen length:feet Screen	n diameter: <u>4"</u>	_inches Type of screen:	AVC	
Screen slot size:				
Type of completion (circle all applicable):			ole Natural Development	
	Other (describe):		-	
	÷	*		
Top of lap pipe or reduction in casing:	feet. If tele	scoped or more than one screen	n, describe on next page	
•			Form: OLWR-SWR-1A (04/08)	
•			RECEIVEL	
			MANY 4 2 2000	
			MAY 1 3 2009	
	· ·			
			BY: OLWH	

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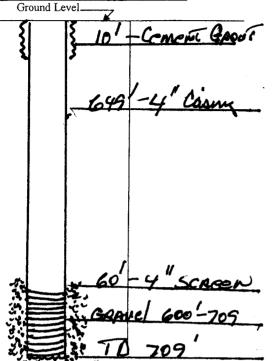
BY: (Ol	_W	ļ	R
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K- 34

The sketch below only required for water wells

If well telescopes, show depths on sketch.

• • . . • .

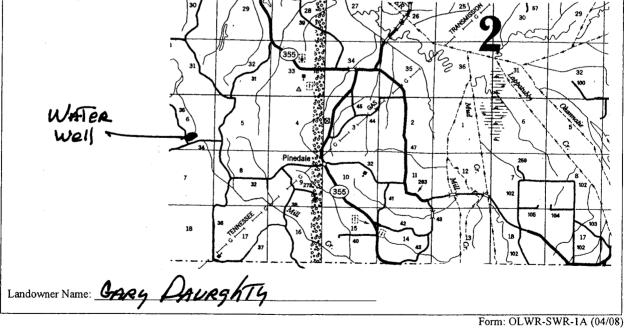


Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
PINK SANA Rock SAND & CIAM CIAY Shell	0	20
ROCK SAND & C/AM	20	257
C/Ay Shell	257	560
SAND	560	707
	<u> </u>	
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	L	

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

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.



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

law 0-414 5

And RECEIVED Signature of Licensee

Print Name of Responsible Licensee and License No.

Date

MAY 1 3 2009

BY: OLWR

STATE W	VELL REPORT		
Permit #:	Part 2 er's Completion Report nent of Environmental Quality nd and Water Resources O. Box 2309 son, MS 39225 01)961-5210 19661-5228 (fax)		
This part of the report must be completed by a licensed water we report must be attached and both parts filed with the Departmen	ell contractor or a licensed pump installer. A copy of Part 1 of the		
Well Owner Information	Well Location		
Owner Name: GARY DAURShiy	Latitude:Longitude:		
Mailing Address: 47 CR 1155	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Boonaville ms 38829	1/4 1/4 Sec_ 6_ T_ 8S R_ 1E-		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. (662) 212-3019	_3_Miles South of Fingerale		
Pump Type Circle one	Power Type Circle one		
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor: / HP		
Date Pump Installed:5/5/09	Setting Depth:feet		
Rated Pump Capacity:	Number of Stages:		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested: 5/5/09	Circle one		
Static Water Level (A): <u>198</u> Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B): 220 Feet Below Land Surface	Other (specify):		
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		
I HEREBY CERTIFY that the above statements are true to the best Agin B A A A A A A A A A A A A A A A A A A	of my knowledge Signature of Pump Installer Form: OLWR-SWR-11 6000EIVE		
	MAY 1 3 2009		
	BY: OLWP		

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