

County: Bolivar
 Permit #: GW-45313
 Driller: Cook Dalg. Co., Inc.
 Date drilling completed: 7-3-11

State Well Report
 Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: D229
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>John Dunaj Jr.</u>	Latitude: <u>33-46-16.7</u> Longitude: <u>90-41-59.9</u> <u>33-59-01</u> <u>90-48-40</u> Method of Lat/Long (circle one): <u>Conventional Survey</u>
Mailing Address: <u>15 Blue Cane Road</u>	USGS quad, Hand-held GPS. Survey-grade GPS <u>NW 1/4 NW 1/4 Sec 3</u> Twn <u>24N</u> Rng <u>06W</u>
<u>Shelby</u> MS. <u>38774</u> City State Zip Code	Distance <u>5</u> Miles Direction <u>SW</u> of Nearest Town <u>Shelby, MS</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 7/3/11 Date drilling completed: 7/3/11 Hole depth: 120 ft Hole diameter: 22 in

Location of the source of any surface water used for drilling: Quarter Mile Lake

Method of dosing and volume of Chlorine used in drilling and development: _____

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

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

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

Static Water Level: 45 ft feet above or below (circle one) land surface Date measured: 7/3/11

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 10 inches Type of casing: PVC

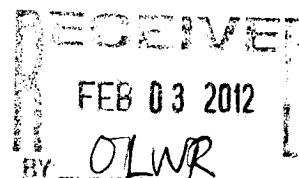
Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 80 feet to 120 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 next page*

Form: OLWR-SWR-1A (04/08)



STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: Adair
Permit #: GW-45313
Driller: Cook Drilling Co., Inc.
Date completed: 7-14-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: 0229
Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>John Duraj Jr.</u>	Latitude: <u>33-46-16.7</u> Longitude: <u>90-41-49.9</u>
Mailing Address: <u>15 Blue Crane Road</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Shelby</u> Ms. <u>38774</u>	<u>NW</u> 1/4 <u>NW</u> 1/4 Sec <u>3</u> T <u>24N</u> R <u>06W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>5</u> Miles <u>SW</u> of <u>Shelby</u> Ms.

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>7/14/11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>800</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>45 ft</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.

Gallen Williams #289
Print Name of Pump Installer and License No. (if applicable)

Gallen Williams
Signature of Pump Installer

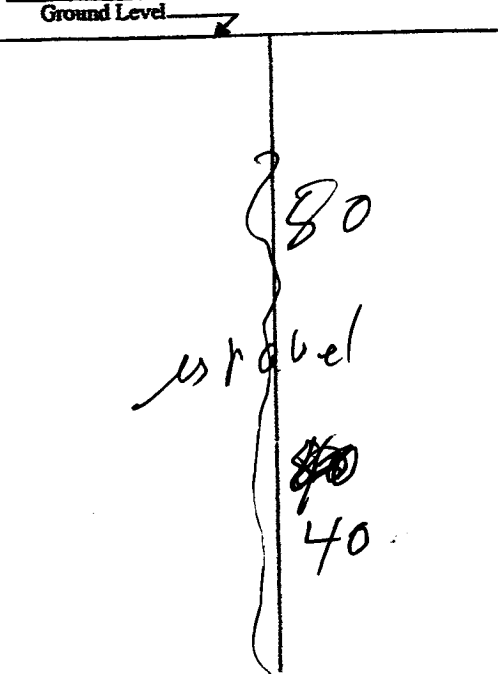
Form: OLWR-SWR-1B (04/08)

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FEB 03 2012
OLWR

The sketch below only required for water wells

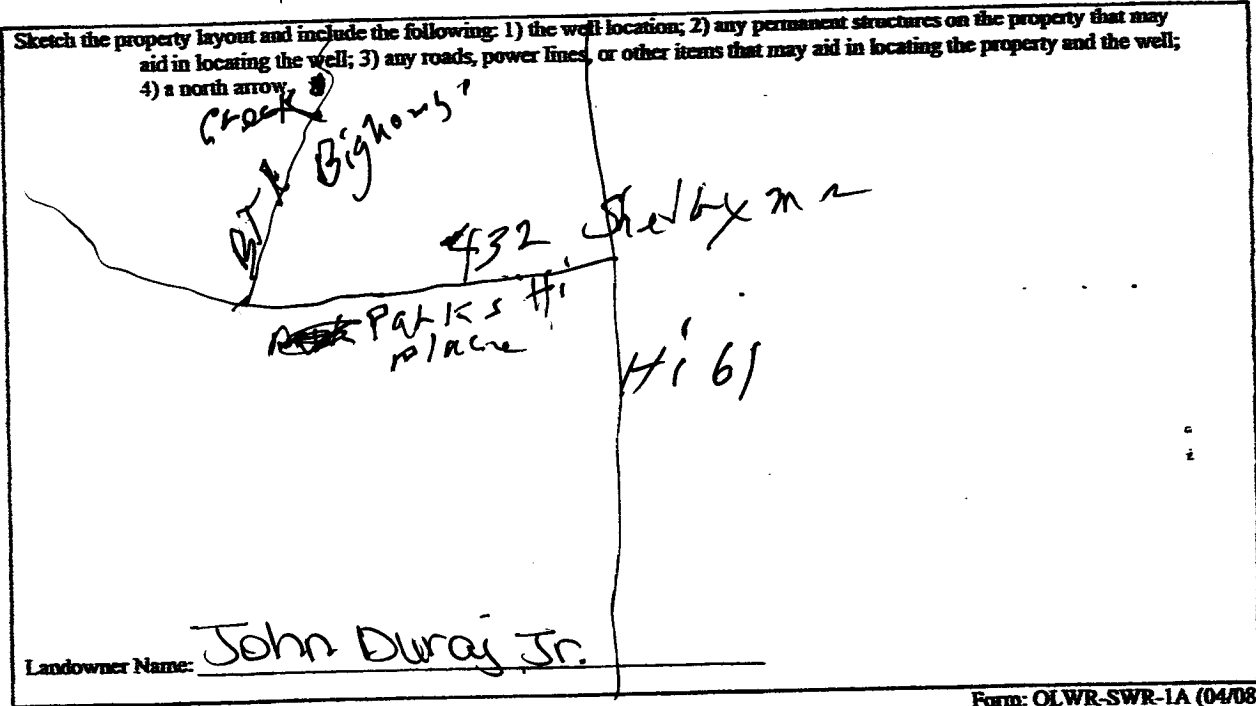
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
Sandy clay	Ground Level	35 ft
Fine sand	35 ft	60 ft
Coarse sand	60 ft	80 ft
Sand + gravel	80 ft	120 ft

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



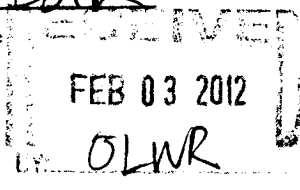
Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow

Form: OLWR-SWR-1A (04/08)

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.

Cook Drilling Company, Inc #289 1/30/12
 Print Name of Responsible Licensee and License No. Date

Signature of Licensee *Richard Cook*





Dean A. Pennington, PhD
Executive Director
P. O. Box 129
Stoneville, MS 38776
Tel.: (662) 686-7712
Fax: (662) 686-9078
www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

June 13, 2011

John Duraj Jr.
15 Blue Cane Road
Shelby MS 38774

RE: Well Construction / Drilling

Permit No: GW-45313

Dear John Duraj Jr.,

This authorization letter is for the construction of a new well that is to be drilled in the Mississippi River Valley Alluvial Aquifer. Your application has been received and is currently being processed.

Location: NW1/4 of the NW1/4 Section 03_Township_24N_Range_06W_County_Bolivar

A copy of this notice or a water use permit **must be attached** to the State Well Report. This report is a requirement of the State Well Drillers Regulation. A copy of this report **must be mail** or faxed to YMD Joint Water Management District.

If you have any questions please call our office at 662/686-7712.

Sincerely,

Dillard Melton Jr.
Permitting Director

33-46 16771
PO 41 499

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FEB 03 2012
BY: OLWR