

GW49350

County: Bolivar
 Permit #: GW-49350
 Driller: Joel Jumper
 Date drilling completed: 6-7-16

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 #: E230
 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>Duraj, J.J.</u>	Latitude: <u>33° 57' 54"</u> Longitude: <u>90° 44' 59"</u>
Mailing Address: <u>15 Blue Cane Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Shelby</u> Ms <u>38774</u>	USGS quad, <u>hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE</u> 1/4 <u>NW</u> 1/4 Sec <u>34</u> Twn <u>25N</u> Rng <u>06W</u>
Telephone No. () _____	Distance <u>1/2</u> Miles Direction <u>NE</u> of Nearest Town <u>Shelby</u>

← matches map

Well / Borehole Data

Date drilling started: 6-7-16 Date drilling completed: 6-7-16 Hole depth: 110 Hole diameter: 28 in

Location of the source of any surface water used for drilling: Nearest Well
 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: 42 feet above or below (circle one) land surface Date measured: 6-8-16

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 0 feet to 70 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

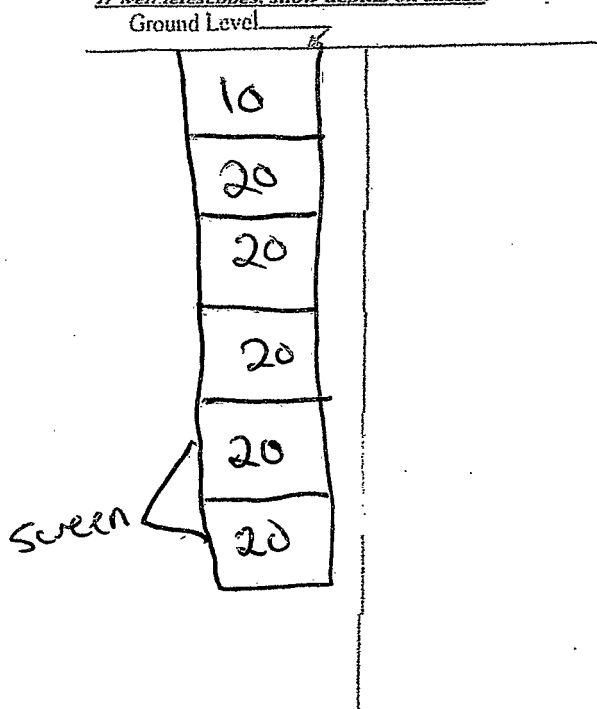
Form: OLWR-SW-2013 (04/03) **Received**

JUL 07 2016
 By OLWR

The sketch below only required for water wells

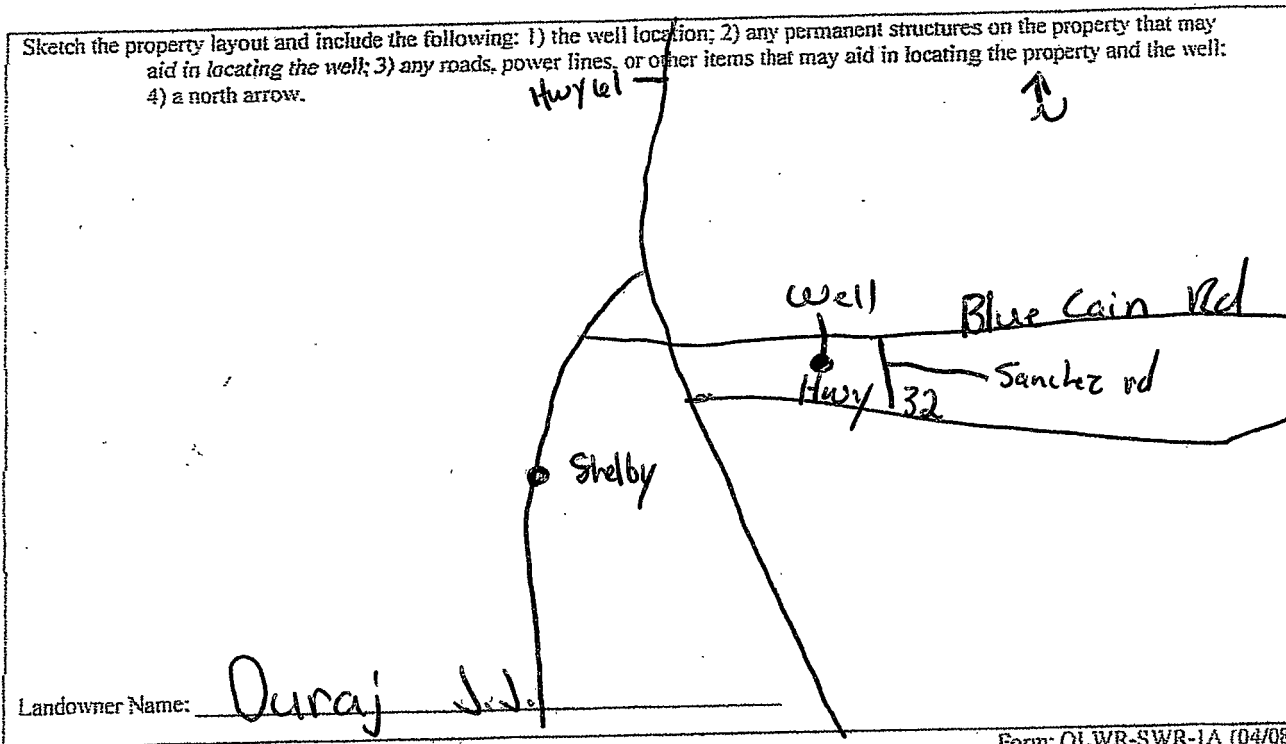
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Gumbo	Ground Level	20
Gumbo	20	40
Sand	40	60
Course sand	60	80
Sand + gravel	80	100
Sand + gravel	100	110

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



Form: OI.WR-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.

Joel Jumper 5317 6-8-16
Print Name of Responsible Licensee and License No. Date

[Signature]
Signature of Licensee

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GW-AQ 350

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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: E 230

Aquifer: _____

County: Bolivar
 Permit #: ~~60-49352~~
 Driller: Joel Jumper
 Date completed: 6-8-16
 Copy information from block on Part 1

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>Duraj J.T.</u>			Latitude: <u>33-57-54</u>	Longitude: <u>90-44-59</u>
Mailing Address: <u>15 Blue Cane Rd.</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
City: <u>Shelby</u>	State: <u>Ms</u>	Zip Code: <u>38774</u>	NE 1/4 NW 1/4 SE 346 T. 250 R. 0160	
Telephone No. () _____			<u>1/2</u> Miles <u>NE</u> of <u>Shelby</u> (Distance) (Direction) (Nearest Town)	

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 6-8-16 Rated Pump Capacity: 2,200 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 80 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well
 Date Well Tested: 6-8-16 Duration of Pump Test (minimum 4 hours): 8 hours
 Static Water Level (A): 45 Feet Below Land Surface Pumping Water Level (B): 58 Feet Below Land Surface
 Drawdown [(B) - (A)]: 13 58 Feet Below Land Surface Test Pumping Rate: 2,200 Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded 2,200 GPM with a drawdown of 58 feet after 8 hours of pumping

Meter Installation
 Meter Manufacturer: _____ Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter installed by: _____
 Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Joel Jumper 5317 6-8-16 Joel Jumper
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer
 Form: OLWR-SW (01)

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By OLWR

STATE OF MISSISSIPPI

E230

**Department of Environmental Quality
Office of Land and Water Resources
P. O. Box 2309
Jackson, Mississippi 39225**

PERMIT

TO DIVERT OR WITHDRAW FOR BENEFICIAL USE THE PUBLIC WATERS

This permit is issued to the landowner named below in accordance with the provisions of the Mississippi Water Laws, Mississippi Code Sections 51-3-1, et seq. (1972, as amended), and the regulations and standards as promulgated thereunder. Whether or not specifically named in this permit or in the applications for this permit, anyone using water from the diversion/withdrawal point described below shall do so in compliance with the provisions of this permit. Neither this permit, nor any authority conferred hereby, may be sold, conveyed, encumbered, assigned, or otherwise aliened, for any period of time or under any conditions whatsoever. This permit may not be modified, transferred or revoked without prior action by the Permit Board. Any attempts to modify, transfer or revoke this permit, or to take any other action on this permit, shall be invalid and unenforceable and may result in immediate revocation or suspension of this permit. The holder of this permit shall at all times be responsible for adherence to the terms and conditions of this permit. No agreement between the permit holder and any other party shall affect the obligations and liabilities of the permit holder. Water use under this permit is allowed only when the streamflow, lake level elevation, or static groundwater level (whichever, if any, is applicable) is above the established minimum, pursuant to Mississippi Code Section 51-3-7. Authorization is hereby granted to divert/withdraw water for the beneficial use designated herein, and for no other purpose, subject to the following terms, conditions, and limitations:

Permit Number: MS-GW-49352

Landowner Name: DURAJ, J J

Landowner Address: 15 BLUE CANE ROAD
SHELBY MS 38774

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: NE 1/4 of the NW 1/4 **Section:** 34 **Township:** 25N **Range:** 06W

County: BOLIVAR

Quad: SHELBY

Maximum Volume: 90 Acre-Feet/Year *equivalent to* .0803 Million Gallons/Day

Maximum Rate: 2200 Gallons/Minute

Applicant Name: DURAJ, J J

Applicant Address: 15 BLUE CANE ROAD
SHELBY MS 38774

Date Permit Issued: 03/28/2016

Date Permit Expires: 03/28/2021

Date Permit Modified:

Date Permit Re-issued:

This permit shall be deemed null and void if construction has not begun within one (1) year of permit issue date

SPECIAL TERMS AND CONDITIONS: SEE ATTACHMENT 1, WHICH IS HEREBY DECLARED TO BE PART OF THIS PERMIT.

SPECIAL TERMS AND CONDITIONS 2:

Received

Gary C. Rikard JUL 07 2016

Gary C. Rikard, Executive Director **By OLWR**
Mississippi Department of Environmental Quality