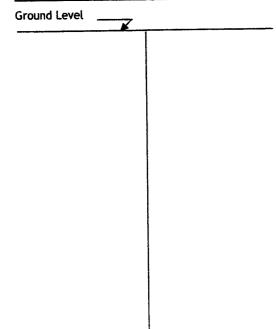
S	TATE WELL REPORT	401
	Part 1	For Office Use Only:
unty: Amle	Driller's Log	Well #:
mit #	opi Department of Environmental Quality office of Land and Water Resources	Aquifer:
iller: Fetzwald hellfarre	P.O. Box 2309 Jackson, MS 39225-2309	E-Log #:
te drilling completed:	(601)961-5555	E-LOg #
	(601)961-5228 (fax)	
State Law requires that this report be prepa	red by the license holder responsible for	the work and filed with the
Department at the above address within 30	aays of completion of arming of the	ehole Location
Well Owner Information (Landowner if borehole is not for a water	well)	ongitude: <u>40° 42´ 52.5´</u>
Wher Name: Shawow Munkey-		
wher Name:	Method of Lat/Long (check on	ne): Conventional Survey,
hailing Address: <u>farker</u> R.J.	USGS quad, Hand-held	GPS, Survey-grade GPS
		9 T 3N R 5E
Liberty ms City State	1	
City / State	(Distance) (Direction)	of (Nearest Town)
Telephone No. ()		
Method of dosing and volume of Chlorine used	in drilling and development:	itron Other:
Method of dosing and volume of Chlorine used Logs run (check all applicable): Name of organization running log(s): Purpose of borehole (check one): Water Well Seismic Surve	in drilling and development: ectric	Ground Source Heat Pump REC der of this block
Method of dosing and volume of Chlorine used Logs run (check all applicable): [2]tog run Ete Name of organization running log(s): Purpose of borehole (check one): Water Well Seismic Surve If drilling is not related to Purpose of Well (check all applicable): [2]toma Other (describe):	in drilling and development: ectric	Ground Source Heat Pump REC der of this block DEC
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Method of dosing and volume of Chlorine used Logs run (check all applicable): Log run Ele Name of organization running log(s): Purpose of borehole (check one): Water Well Seismic Surve If drilling is not related to Purpose of Well (check all applicable): Long Other (describe): If a flowing well, method of flow regulation: Static Water Level:feet Method of measurement (check one) Steel to Well depth: 130feet Screen length:feetfeet Screen length:feetfeet Screen slot size:feetfeetfeet Type of completion (check all applicable) Top of lap pipe or reduction in casing:	in drilling and development: ectric iant a and development: ectric iant a and development: Geotechnical/Geological Investigation ey Other (describe) water well construction, skip the remain e IndustrialPublic Supply Irrigation valve Other (describe) Valve Other (describe) ve or below] land surface Date mea check one) ape Electric tape Air tine Other (describe) tape Electric tape Air tine Other (describe) diameter: inches Type diameter: inches Type for a string depth: From 20 fee favet packed Underreamed Open here	tron Other: Ground Source Heat Pump REC der of this block DEC der of this block D

County: _	
Permit #:	

For	Office	Use	Only:
ell #: •	590		

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

w

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Clup	0	20
Gibvel-	20	60
Sand	60	(00
Cluy- Course Land.	100	120
Course kand.	120	130

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 well3) any roads, power lines, or other items that may aid in locating the property and the well

4) north arrow

Landowner	Name:	She	NNON	· Nu	<u> </u>

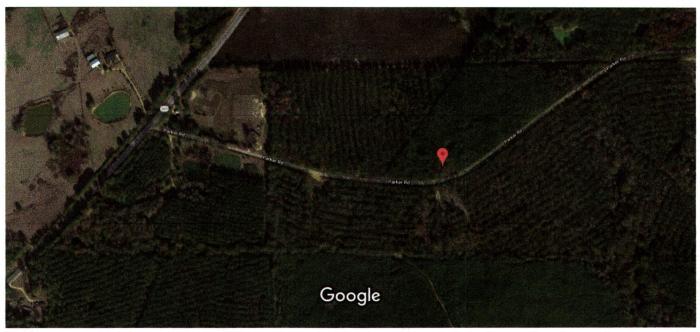
HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

7-24-15 079. BIAd Fotomald Signature of Licensee Date Print Name of Responsible Licensee and License No. Form: OLWR-SWR-1B (4/13)

	DRT
STATE WELL REPO	For Office Use Only:
ounty: Am Le Part 2 Pump Installer's Completi	on Report TOA
I United to the second of Environal	
ermit #: Mississippi Department of Environment oritler: <u>mtrgeveld hell Grup</u> P.O. Box 2309 P.O. Box 2309	3001005
lackson, MS 39225-23	09 Aquifer:
	and the same of Part 1
This part of the report must be completed by a licensed water well contractor of the report must be attached and both parts filed with the Department at th	or a licensea pump distances in or well completion.
of the report must be unached unit over p	
Well Owner information	014 2,4 Longitude: <u>40°47 5 2,5</u>
Owner Name: Shunner Nunner-	t/Long (check one): Conventional Survey,
Aailing Address: <u>Parker Ro</u> Method of La	, Hand-held GPS, Survey-grade GPS
USGS quad	<u></u>
h.herty MS- State Zip Code Mi	<u>SVV</u> 14, Sec_9
	les of (Direction) (Nearest Town)
Telephone No. () (Distance)	(Direction)
Pump Type (check one	e) ENL-
	Rotary Dother (describe):REV_1 2018
Submersible Ufurbine Lift Lift Lenu Iuga Lift Anna Pated Pump C	apacity:Gallons Per Minute] 1
Date Pump Installed: 7 2 9 7 8 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	Capacity:Gallons Per By the D
Telephone No. () (Distance) Pump Type (check one) Submersible Installed: ???4-(8 Rated Pump Installed: ???4-(8 Rated Pump C Is This Pump (check one): New Repaired Replacement	BY DE
	(describe):
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other	(description)
Horse Power Rating of Motor: 1/2 Setting Depth: 120	
Test Data for Non Flo	wing weil
Duration 0	f Pump Test (minimum 4 hours): nours
Date Well Tested:	g Water Level (B): Feet Below Land Surface
Static Water Level (A):	Pumping Rate: Gallons Per Minute
Method of measurement (check one): Steel tape Electric tape Air line	e Llother (<i>describe</i>).
Pump Test Data for Flow	ווא אבוו
Measured shut in head:feet.	
Well yielded GPM with a drawdown of feet	afterhours of pumping
Meter Installation	n
Meter Manufacturer: Meter	er Serial Number:
Meter Manufacturer:	- of lister
Meter Model Number/Name: Typ	
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc	c):
Installation Date: Meter installed by:	
Is This Meter (check one): New Repaired Replacement	
IS THIS MELER (LIGER ONE). New repaired the provide and the set of	t this meter was installed to manufacturer standards.
Important: By submitting the above information you are certifying that For agricultural wells, a list of approved meter	
I HEREBY CERTIFY that the above statements are true to the best of m	iy knowledge.
BAJ Silegen Id Do 074 Print Name of Pump Installer and License No. (if applicable) Date	Signature of Pump Installer
Print Name of Fump instance and cicense not () opproved	Form: OLWR-SWR-2A (4/13)

ء • •

Google Maps 31°14'02.4"N 90°42'52.5"W



200 ft L Imagery ©2018 Google, Map data ©2018 Google



RECEIVED DEC 04 2018 BY OLWR

31°14'02.4"N 90°42'52.5"W 31.234002, -90.714571

35 20009 0000300, MS 39664

67MP+J5 Liberty, Mississippi

Shennon Aronney Parte RJ 7-24-18;

130 85 120-1/2,HP.