county: Jackson
Driller: Cast Water Well SRV.
Date drilling completed: 2/31/14

STATE WELL REPORT

Part 1

Driller's Log
Mississippi Department of Environmental Quality
Office of Land and Water Resources

For Office Use Only:	
Well #: <u>D 376</u>	
Aquifer:	
E-Log #:	pavid

Date drilling completed: 2/21/14		D. Box 2309 , MS 39225-2309	E-Log #:	Redeive
	•)1)961-5210 360-0535 (fax)		1105
State Law requires that this report	• •	• •	he work and filed wit	MAR 21 201
Department at the above address w	ithin 30 days of com	oletion of drilling of the well (or borehole.	BY OI W
Well Owner Informati	on o water well)	Well or Bore	hole Location	1:504
(Landowner if borehole is not for Owner Name: Plagu Oster W	OA YO	_atitude: 30 43 43 5 6	ngitude: 088 A	14.50
- 00	1 1 1 1	Wethod of Lat/Long (check one	e): Conventional Surv	ey,
Mailing Address: 7317 Ambe	rwood with	USGS quad, Hand-held G	iPS V. Survey-grade	GPS
0: 1 20 0:		WE 14 See 14, Sec	4 + 45	5 W
Moss Pant i Ms 395	Zip Code			
Telephone No. (20%) 588-10	•	5 Miles NORTH of (Direction)	of <u>fluplay</u> (Nearest Tow	<u></u>
Telephone No. (SS)	088	(Distance) (Distance)		
	Well / Bo	rehole Data)	011
Date drilling started. 2-21-14 Date	drilling completed:	Hole depth	FI Hole diameter:	<u>ح</u>
Location of the source of any surface v	vater used for drilling	: NIA		
Method of dosing and volume of Chlori	ne used in drilling an	d development: Igal par	1000 Drilling a	galnwell
Logs run (circle all applicable): No log r	un Electric Gamma	a Ray Density Sonic Neutr	on Other:	
Name of organization running log(s):				
Purpose of borehole (circle one): Water	Well Geotechnic	al/Geological Investigation	Ground Source Heat P	ump
Ĭ	-	lescribe)		
If drilling is not rel	lated to water well co	nstruction, skip the remainde	r of this block	
Purpose of Well (circle all applicable):	Home Industrial	Public Supply Irrigation	Fish Culture	
Other (describe):				
If a flowing well, method of flow regu	lation: Valve	Other (describe)	0.01.1/	
Static Water Level:fee	t [above or below] (circle one)	land surface Date measure	ed: <u>2-21-14</u>	<u> </u>
Method of measurement (circle one):	Steel tape Electric to	ape Air line Other (describe);	
Well depth: 237 FWell grouted to	a depth of:fe		~	onite Mix
100	asing diameter:	•	casing: PVC	
	Screen diameter: _<		f screen: <u>PVC</u>	
Screen slot size:OOOinches	Setting depth:	From <u>237</u> feet	to <u>a37</u>	_feet
Type of completion (circle all applicab	le): Gravel packed	Underreamed Open hole	Natural Developm	nent
Other (describe):	.tla			
Top of lap pipe or reduction in casing				
If teles	coped or more than o	ne screen, describe on next p	age	

Received

County: Jackson MAR 21 2014

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Fo	r Of	fice Use	Only:
Well #: _	D	376	
_			

Form: OLWR-SWR-1A (4/13)

The sketch below only required for water wells	The sketch	below only	required for	water wells
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If well telescopes, show depths on sketch,

Permit #: _

Ground Level	
	✓

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

Top Soil Ground level 2 Drange Coarse Sand 18 50 Blue class 50 202 Brown Coarse Sand 202 237	Description of Formations Encountered	From (depth)	To (depth)
Orange Codrise Sand 18 50 202 Blue Clay 50 202 Brown Coarse Sand 202 237	TOP SOIL	Ground level	2
Blue classes 50 202 Grown Coarses and 202 237	Orange Clay	3	78
Blue classes 50 202 Grown Coarses and 202 237	Drande Coolinse Sand	18	50
Grown Coatse Sand 202 237	BUE Clast	50	202
	Brown Coakse Sand	202	237
			•
		-	

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 also may aid in locating the property and the well 4) north arrow
This allow the services
4) north arrow Angerward Lane House
the Commence of
b williams Ro
let Ro
6 Lines
'/
Landowner Name: Peggy OSTERMAN
I 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.
Jack Ridgdell 0-472 2/26/14 Jackingser
Print Name of Responsible Licensee and License No. Date Signature of Licensee

Received

MAR 21 2014

	ELL REPORT		
County: Jackson	Part 2 BY	For Office Use Only:	
FICHNIC IS.	r's Completion Report		
	nent of Environmental Quality nd and Water Resources	Well #: <u>D 376</u>	
Date completed: 2-21-14 P	.O. Box 2309		
, Jackso	n, MS 39225-2309 501)961-5210	Aquifer:	
, , ,) 360-0535 (fax)		
This part of the report must be completed by a licensed water			
of the report must be attached and both parts filed with the D Well Owner Information	epartment at the above address w Well Li		
A	Latitude: 30° 43 '4356 Lon		
Mailing Address: 7317 Amberwood Lane	Method of Lat/Long (check one)	: Conventional Survey,	
	USGS quad, Hand-held GI	S, Survey-grade GPS	
MossPoint Ms 39562 City State Zip Code	USGS quad, Hand-held GF	4 145 R5W	
Telephone No. (208) 588-10088	(Distance) (Direction)	(Nearest Town)	
Pump Ty	oe (circle one)		
Submersible Turbine Air Lift Centrifugal Flowing Well (Jet Piston Rotary Other (de:	scribe):	
Date Pump Installed: 2-22-14		I	
Is This Pump (circle one): New Repaired Replacemen	•	\(\frac{1}{2}\)	
	pe (circle one)		
Electric Diesel Gasoline Natural Gas Tractor PTO Win	dmill Other (describe):		
Horse Power Rating of Motor: Setting Depth: 80FT DP feet Number of Stages:			
4	for Non Flowing Well		
Date Well Tested: 2-22-14	Duration of Pump Test (minim	um 4 hours): hours	
Static Water Level (A): <u>US</u> Feet Below Land Surface	Pumping Water Level (B):	V/A Feet Below Land Surface	
Drawdown [(B) - (A)]: NA Feet Below Land Surface Test Pumping Rate: 7 Gallons Per Minute			
Method of measurement (circle one): Steel tape Electric tape (Air line) Other (describe):			
	ta for Flowing Well		
Measured shut in head:feet.	A		
Well yieldedGPM with a drawdown of	feet_after	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.			
Tock Ridadell 0-472 2/26/14 Jan Riffler			
Print Name of Pump Installer and License No. (if applicable) Date Signa	ture of Pump Installer	

Form: OLWR-SWR-1B (4/13)