State W	ell Report				
County: Jackson P	art 1	For Office Use Only:			
Mississippi Departmen	t of Environmental Quality	Aquifer:			
	nd Water Resources	Well #: 0-504			
Duillow 1 14 1 1 14 14 14 VVI 4 3 IN C	Sox 10631				
	IS 39289-0631 961-5210	L. S. Elevation:			
(601)35	4-6938 (fax)	E-log #:			
	•				
State Law requires that this report be prepared by the	driller in detail and filed w	ith the Department within			
30 days of completion of drilling of the well. Well Owner Information	Well	Location			
Owner Name Ozzie Bosarge	Latitude: 30 · 21 · 010) Longitude: <u>088 41 444</u>			
Mailing Address: 4829 E. Belle Fontaine Bch	Method of Lat/Long (circle or	ne): Conventional Survey,			
<i></i>	USGS quad, Hand-held	GPS, Survey-grade GPS			
Ocean Springs MS 39564 City State Zip Code	58 14 SE 14 Sec 19	Twn 785 Rng R7W			
Telephone No. 228 238 - 133	Distance Direction Miles 6287	Nearest Town			
relephone INO.		VI			
Well I	Data				
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other:			
Date well drilling started: 12-5-05 Date v	vell drilling completed:	2-6-05			
If flowing, method of flow regulation: Valve N . Other (d					
Static Water Level:feet above or below (circle one)	and surface Date measured:	12-6-05			
Method of Measurement (circle one) steel tape electric tape	air line other:				
Hole depth: 365' Well depth: 365'	Well grouted to a depth of	1 Ofeet			
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 355 feet Casing diameter: 3	inches Type of casing:	PVC			
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC					
Screen slot size: 1004 inches Setting depth: From 355 feet to 365 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: NA feet. If te	lescoped or more than one scr	een, describe on back of page			
Logs run (circle all applicable): No log run Electric Gamma Ray	Density Sonic Neutron	Other:			
Name of organization running log(s): NA I certify that the well was drilled, constructed, and completed in	accordance with all annlicable	requirements of the Mississinni			
		;			
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.					
Jack Kidgdell 0-472	fact 1	aljelie			
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor CEIVE			

Ground Level		

Description of Formations Encountered	riom	10
TOP Soil	D	
White TO Brown Coarse Sand Brown Clay	1	70
Brown Clay	70	82
Blue Clau !	82	790
Brow Medium To Coarse Sand Blue Clay wistreaks OF Sand Gray Medium Sand	190	ATO
Dile Clay wistmaks of Sand	410	₹ ₹
Cray Medium Sand	350	2/4
gray meanum sale	<u> </u>	
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If more than one screen, show location of each on sketch

Sketch the p	roperty 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) indicate direction.

AST BelleFONTAINE BEACH D	
	or wall
	MITER

Landowner Name: Ozzie Bosarge

Daub Rahfellell

Signature of Water Well Contractor

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DEC 16 2005

BY: OLWA

STATE WELL REPORT

Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210

For	Office Use Only:
Aquifer:	
Well #:	0-504
Elevation:	

Date completed: 12-6-05	· /	961-5210 4-6938 (fax)	Elevation:	
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.				
Well Owner Information	n		Well Location	•
Owner Name: Ozze Bosakge		Latitude: <u>36 ° 2/ °</u>	O/O Longitude: C	88041.444 22
Mailing Address: 4829 F. Beller	PONTAITE BEACH DR.	Method of Lat/Long (c	ircle one): Convention	nal Survey,
		USGS qu ≇d	Hand-held GPS, Su	rvey-grade GPS
<u>Crean Spaines</u> , Mes City State	7956#	<u>56 4 56 48</u>	ec 19 Twn 78	S Rng R7W
City State	Zip Code	Distance Direc	ction Nearest To	own
Telephone No. (228) 238 -1331		2 Miles W	of GALTTE.	<u></u>
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	•	
Date Pump Installed: 12-8-05		Setting Depth: 60	did dong	<u>feet</u>
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:	2	
Pump Test Data		Method	of Measuring Water Circle one	Level
Date Well Tested: 12-8-05				
Static Water Level (A): # Feet B	elow Land Surface		ic Measuring Line	Steel Tape
Pumping Water Level (B): Feet Be	elow Land Surface	Other (specify):		
Drawdown [(B) - (A)]: Feet B	elow Land Surface	For flowing well, meas		N/A feet
Test Pumping Rate:G	allons Per Minute	Well yielded	GPM with a	drawdown of
Duration of Pump Test (minimum 4 hours):	hours	M/A feet	after Na h	nours of pumping
		· · · · · · · · · · · · · · · · · · ·		

I HEREBY CERTIFY that the above statements are true to the best of r	ny knowledge.	
JACK RIDGDEN	Jack liffur	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	RECEIVE
	1/	