

State Well Report

Part I

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: J-339
L. S. Elevation: _____
E-log #: _____

County: Harris
Permit #: 0239
Driller: McGill Pump & Well
Date drilling completed: 12/12/06

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Deen Ausmer</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>12103 Vidalia Rd.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>P.C.</u> <u>Ms.</u> <u>39571</u>	<u>1/4</u> <u>1/4</u> Sec <u>34</u> Twn <u>7S</u> Rng <u>13W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>228 234-5409</u>	<u>6</u> Miles <u>north</u> of <u>Pass Christian</u>

Well Data

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

Date well drilling started: 12/09/06 Date well drilling completed: 12/12/06

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 12/12/06

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

Hole depth: 460 Well depth: 468' Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 440 feet Casing diameter: 4 1/2 inches Type of casing: PVC

Screen length: 28 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: 0006 inches Setting depth: From 440 feet to 460 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: 180 feet. If telescoped or more than one screen, describe each back of page

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

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

McGill Pump & Well 0239
Print Name of Water Well Contractor and License No.

Michael McGill Sr.
Signature of Water Well Contractor

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J-339

If well telescopes please sketch below and show depths.

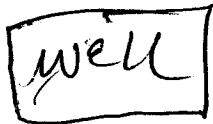
Ground Level

180' 4"
280' 2"

Description of Formations Encountered	From	To
Sand	0	20
mud	20	140
Sand	140	160
mud	160	400
Sand	400	460

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) indicate direction.



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Landowner Name: Dean Ausmer

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
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: J- 339

Elevation: _____

County: Harrison

Permit #: 0239

Driller: McGill Pump & Well

Date completed: 12/13/06

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	Well Location
Owner Name: <u>Deen Ausmer</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>12103 Vidalia Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>RE. MS. - 39571</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>34</u> Twn <u>75</u> Rng <u>13W</u>
Telephone No. (<u>205</u>) <u>234-5409</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>North</u> of <u>Pass Christian</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>12/12/06</u>	Setting Depth: <u>120</u>
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>8</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/12/06</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input type="radio"/>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>18</u> GPM with a drawdown of
Test Pumping Rate: <u>18</u> Gallons Per Minute	<u>20</u> feet after <u>1</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

McGill Pump & Well 0239 Michael McGill Jr.
Signature of Pump Installer