State V	Vell Report		
l'	Part 1	For Office Use Only:	
Mississippi Departmen	nt of Environmental Quality	Aquifer:	
Office of Pana	and Water Resources Box 10631	Well #: D- 37	
I Miles The First Control of the First Contro	AS 39289-0631	L. S. Elevation:	
Date drilling completed: 7/27/05 (601))961-5210 64-6938 (fax)	E-log #:	
(001)33	14-0936 (IAX)	12-10g #;	
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed w	ith the Department within	
Well Owner Information	Well	Location 27	
Owner Name Ted · Preuss	Latitude: 31 . 44.951	" Longitude: 90. 07.263"	
Mailing Address: 2143 Old Hwy 27N	Method of Lat/Long (circle or	ne): Conventional Survey,	
	USGS quad, Hand-held	GPS Survey-grade GPS	
Montice 1/0 MS 39654 City State Zip Code	SW 14 NW4 Sec 8		
Telephone No. (60/) 587-7676	Distance Direction Miles	Nearest Town	
Telephone No. (20/) 5 V (16/8		01_ <i>HQ1 1_U</i>	
	Data		
Purpose of Well (circle one) Home Industrial Public Supply			
Date well drilling started: 7/27/05 Date well drilling completed: 1/27/05			
If flowing, method of flow regulation: Valve Other (describe)			
Static Water Level:	land surface Date measured;	7/27/05	
Method of Measurement (circle one) steel tape electric tap	air line other:		
Hole depth: 125 Well depth: 120	Well grouted to a depth of	10 feet	
Type of grout (circle one): Cement Bentonite Min			
•	inches Type of casing: _	PVC	
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC			
Screen slot size: <u>AD/D</u> inches Setting depth: From		20foct	
Type of completion (circle all applicable): Gravel packed Under	erreamed Telescoped Oper	hole Natural Development	
Other (describe):			
Top of lap pipe or reduction in casing:feet. If	telescoped or more than one sc	reen, 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): I certify that the well was drilled, constructed, and completed in	accordance with all applicable	requirements of the Mississinni	
Department of Environmental Quality and/or the Mississippi De		•	

GRENN WATER WELL & SUPPLY, INC. Brian McClendon, lic. no. 0-664

Print Name of Water Well Contractor and License No.

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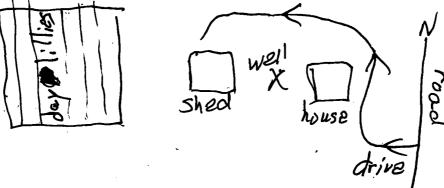
Signature of Water Well Contractor

Grou	nd	Te	vel

Description of Formations Encountered	From	<u>To</u>
Description of Formations Encountered	0	ス
Sand	12	24
gray clay	24	40
Yellow clay	40	3
sand	50	125
	T	
	1	
,	1	
	1	
	1	
	1	
	1	
	1	
	1	
	1	\Box

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

Sketch the property layout and include the following: 1) the well locati	on; 2) any permanent structures on the property that may
aid in locating the well; 3) any roads, power lines, or other	er items that may aid in locating the property and the well;
4) indicate direction.	*
1	•



Landowner Name: Ted Preuss

Brian McClendon, lic. no. 0-664 GRENN WATER WELL & SUPPLY, INC.

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Lawrence

Permit #: ______ Pump Installer's Completion Report

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 10631

Jackson, MS 39289-0631

George Completed: 7/30/05

Date completed: 7/30/05

Page Completed: 7/30/05

For Office Use Only:		
Aquifer:		
Well #: D-37		
Elevation:		

Date completed: 7/30/05	(601)961-5210 (601)354-6938 (fax)		Blevation	·
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 Informat	ion		Well Location	
Owner Name: Ted Pries	>	Latitude: 31° 41 957 Longitude: 90°07 263"		s: 90°07'263"
Mailing Address: 2143 Old	Hwy 27N	Method of Lat/Long (circle one): Conventional Survey,		ntional Survey,
		USGS q	uad, Hand-held GPS	Survey-grade GPS
Monticallo N City State	15 39654 Zip Code		•	<u> </u>
	,	1 .	irection Neare	
Telephone No. (601) 587 - 7676	>	22 Miles _	N of War	illa
	· · · · · · · · · · · · · · · · · · ·	L		
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	g of Motor: <u>3</u>	
Date Pump Installed: 7/30/05		Setting Depth:	66'	feet
Rated Pump Capacity: 40	_Gallons Per Minute	Number of Stages:	9	 .
		1		
Pump Test Data		Met	hod of Measuring W Circle one	ater Level
Date Well Tested: 7/30/05				
Static Water Level (A): Feet	Below Land Surface	1 , 7	ectric Measuring Line	•
Pumping Water Level (B): 30 Feet	Below Land Surface	Other (specify):		
Drawdown [(B) - (A)]: Feet	Below Land Surface	For flowing well, n	easured shut in head:	feet
Test Pumping Rate: 60.	_Gallons Per Minute ~	Well yielded <u>6</u>	O GPM w	ith a drawdown of
Duration of Pump Test (minimum 4 hours):	hours	1	feet after4	hours of pumping
		<u> </u>		

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	
GRENN WATER WELL & SUPPLY, INC. William Hardin, lic. no. 0-717P	William Handin	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	·

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BY: OLWR