

State Well Report

Part 1

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 #: T-200
L. S. Elevation: _____
E-log #: _____

County: Bolivar
Permit #: _____
Driller: Cook Drilling Co. Inc.
Date drilling completed: 7-30-08

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>Oliver Ferretti</u>	Latitude: <u>33° 35' 18.0"</u> Longitude: <u>90° 51' 38.2"</u>
Mailing Address: <u>3001 Hwy 448</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>Shaw MS</u> State: <u>MS</u> Zip Code: <u>38773</u>	USGS quad, Hand-held GPS, Survey-grade GPS <u>N 24 NE 1/4 Sec 18 Twp 20N Rng 6W</u>
Telephone No: <u>(601) 754-6856</u>	Distance Direction Nearest Town <u>5 Miles W of Shaw MS</u>

Well Data

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

Date well drilled started: 7-30-08 Date well drilling completed: 7-30-08

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 7-30-08

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 80 feet to 120 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____

Top of lap pipe reduction in casing: _____ feet. If telescoped or more than one screen, 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 this 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.

Print Name of Well Contractor and License No. Cook Drilling Co. Inc. 289 Signature of Water Well Contractor Silney Cook

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The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In addition, it is crucial to review the records regularly to identify any discrepancies or errors. This proactive approach helps in catching mistakes early and prevents them from escalating into larger issues. The document also mentions the need for secure storage of these records to protect sensitive information.

Furthermore, the document highlights the role of technology in streamlining record-keeping processes. Modern accounting software can automate many tasks, reducing the risk of human error and saving valuable time. It is recommended to invest in reliable software that meets the specific needs of the organization.

Finally, the document concludes by stating that consistent and accurate record-keeping is essential for the long-term success of any business. It provides a solid foundation for financial analysis, decision-making, and compliance with regulatory requirements. By following the guidelines outlined here, organizations can ensure their financial records are always up-to-date and reliable.

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)961-9210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: T-200
 Elevation: _____

County: Bolivar
 Permit #: _____
 Driller: Cook Drilling, Inc.
 Date completed: 7-30-08

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Owner Name: _____ Mailing Address: _____ Telephone No. _____	Well Owner Information	Latitude: <u>33-35-130</u> Longitude: <u>90-51-382</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS ____ 1/4 ____ 1/4 Sec ____ Twn ____ Rng ____ Distance Direction Nearest Town <u>5</u> Miles <u>W</u> of <u>Shaw Miss</u>
	<u>Nice Ferratti</u> <u>3001 Hwy 448</u> <u>Shaw MS 38773</u> City State Zip Code <u>662</u> 754-6856	

Air Lift _____ Bucket _____ Centrifugal _____ Other (specify): _____ Date Pump Installed: <u>7-30-08</u> Rated Pump Capacity: <u>1500</u> Gallons Per Minute	Pump Type Circle one Jet _____ Submersible _____ Piston _____ <u>Turbine</u> _____ Rotary _____ Flowing Well _____	Power Type Circle one <u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>65</u> Setting Depth: <u>60</u> feet Number of Stages: <u>1</u>
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Date Well Tested: _____ Static Water Level (A): <u>35</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown ((B)-(A)): _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Pump Test Data	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u> Other (specify): _____ For flowing well, measured static head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
	Method of Measuring Water Level Circle one	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Cook Drilling, Inc. 289
 Print Name of Pump Installer and License No. (if applicable) _____
 Signature of Pump Installer _____

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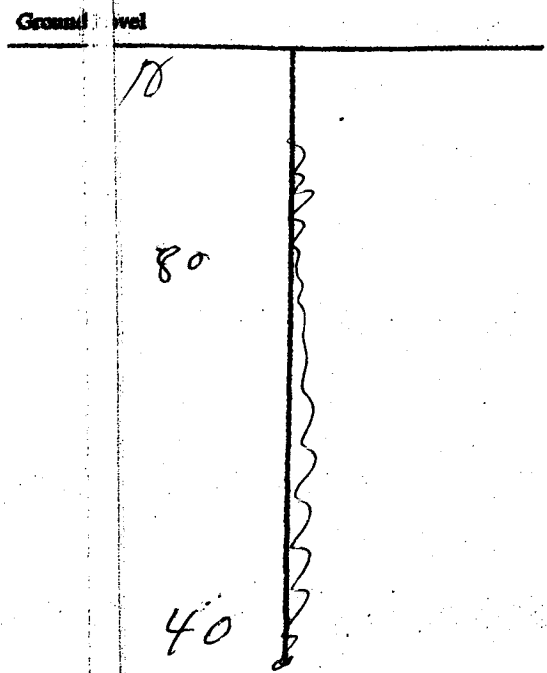
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T-200



Description of Formations Encountered	From	To
CLAY	100	120
SOIL	120	140
SAND & GRAVEL	140	170

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; indicate direction.

Landowner Name: Alice Terratti

Selwyn Cook
Signature: Selwyn Cook
Water Well Contractor

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