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)

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

For Office Use Only:
Aquifer:
Well #: T-200
L. S. Elevation:
E-log #:

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

Owner Name: Olive Ferretti (Ferretti)
Mailing Address: 3001 Hwy 448
Shaw MS 38773
City State Zip Code
Telephone No. (662) 754-6856

Well Location

Latitude: 33°35'180" Longitude: 90°51'382 23
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NW ¼ NE ¼ Sec. 18 Twn 20N Rng 6W
Distance 3 Miles Direction W of Nearest Town Shaw MS

Well Data

Purpose of Well (circle one) Home Industrial Public Supply (Irrigation) Fish Culture Other:
Date well drilling 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: 050 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 or 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 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.

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

Sidney Cook
Signature of Water Well Contractor

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STATE WELL RETURN

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)

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

For Office Use Only:
Aquifer:
Well #: T-200
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

Owner Name: Alice Ferretti
Mailing Address: 3001 Hwy 448
Shaw MS. 38773
City State Zip Code
Telephone No. (662) 754-6856

Well Location

Latitude: 33-35-180 Longitude: 90-51-382
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
____ ¼ ____ ¼ Sec ____ Twn ____ Rng ____
Distance Direction Nearest Town
5 Miles W of Shaw Miss

Pump Type
Circle one

Air Lift | Jet | Submersible
Bucket | Piston | Turbine
Centrifugal | Rotary | Flowing Well
Other (specify):
Date Pump Installed: 7-30-08
Rated Pump Capacity: 1500 Gallons Per Minute

Power Type
Circle one

Diesel Engine | Gasoline Engine | Natural Gas
Electric Motor | Hand | Tractor PTO
Windmill | Other (specify):
Horse Power Rating of Motor: 65
Setting Depth: 60 feet
Number of Stages: 1

Pump Test Data

Date Well Tested:
Static Water Level (A): 35 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

Method of Measuring Water Level
Circle one

Air Line | Electric Measuring Line | Steel Tape
Other (specify):
For flowing well, measured shut in head: ____ feet
Well yielded ____ GPM with a drawdown of ____ feet after ____ hours of pumping

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)

Sidney Cook
Signature of Pump Installer

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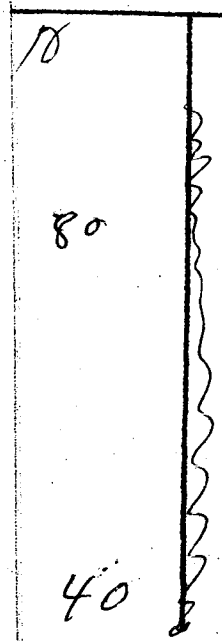
BY: OLWR

T-200

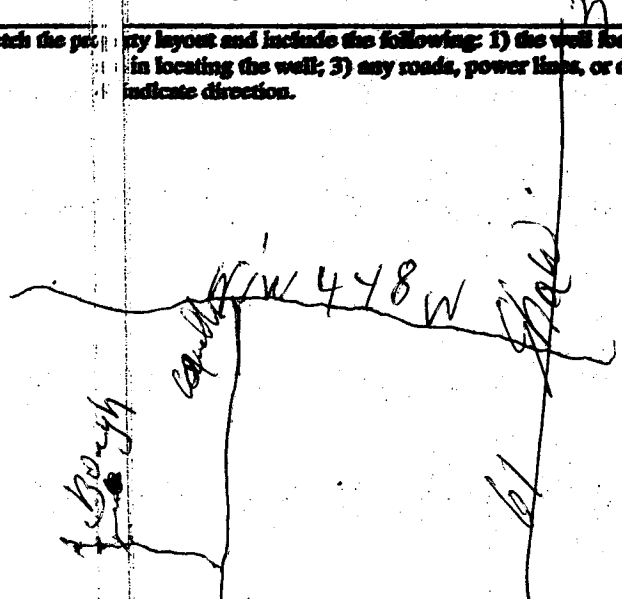
Ground level



Description of Formations Encountered	From	To
Clay	Top	40
Sandy	40	70
Sand & gravel	70	120

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 Tenetti

Signature of Water Well Contractor

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