

County: Amite
 Permit #: _____
 Driller: Fitzgerald Well Service
 Date drilling completed: 6-6-08

State Well Report
Part 1 - Driller's Log
 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 #: U-97
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Iella Rizutto</u>	Latitude: <u>31° 4' 39.5"</u> Longitude: <u>90° 37' 55.6"</u>
Mailing Address: <u>McClendon Rd.</u>	Method of Lat/Long (circle one): <u>39</u> Conventional Survey, <u>36</u>
<u>Giltsburg Ms.</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 5 Twn 12 Rng 6 E</u>
Telephone No. ()	Distance Direction Nearest Town Miles of

Well / Borehole Data

Date drilling started: 6-6-08 Date drilling completed: 6-6-08 Hole depth: 97' Hole diameter: 8"

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 40' feet above or below (circle one) land surface Date measured: 6-6-08

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

Well depth: 97' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 87' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .012 inches Setting depth: From 87' feet to 97' 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 next page*

Form: OLWR-SWR-1A

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The sketch below only required for water wells.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempt by regulations.

If well screens, show depths on sketch.

Ground Level

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay.	0	20
sand	20	40
gravel	40	60
clay	60	70
sand	70	80
Coarse sand	80	97

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) a north arrow.

McClendon Rd

House site

(X) Well

Landowner Name: Lella Rizutto

Form: OLWR-SWR-1A

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

Bird Fitzgerald 029- 6-6-08
Print Name of Responsible Licensee and License No. Date

Bird Fitzgerald
Signature of Licensee

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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:

Agifer: _____
Well #: U-97
Elevation: _____

Copy information from block on Part 1

County: Amite
Permit #: _____
Driller: Fitzgerald Well Service
Date completed: 6-6-08

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information

Owner Name: Lella R. Zuffo
Mailing Address: McLendon Rd
Gilburg, MS
City State Zip Code
Telephone No. () _____

Well Location

Latitude: 31° 4' 59.5" Longitude: 90° 37' 55.6"
Method of Lat/Long (check one): Conventional Survey _____
 Hand-held GPS Survey-grade GPS
Distance _____ Miles _____ of _____
Direction _____
Nearest Town _____

Pump Type

Circle one
Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Power Type

Circle one
Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: _____
Setting Depth: 80 feet
Number of Stages: 8

Pump Test Data

Date Well Tested: _____
Static Water Level (A): _____ 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
_____ feet after _____ hours of pumping

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

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Brad Fitzgerald 029

Form: OLWR-SWR-1B

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