

Patrick Luzzari

County: Byram
 Permit #: _____
 Driller: Hester Bliznard
 Date drilling completed: 2-26-08

State Well Report
Part I - 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) 354-6936 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: R-230
 L. S. Elevation: _____
 S-log #: _____

State Law requires that this report be prepared by the licensee 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Patrick Luzzari</u> Mailing Address: _____ _____ <u>Byram</u> <u>MS</u> City State Zip Code Telephone No. <u>(601) 832-2992</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>32° 9' 20.0"</u> Longitude: <u>90° 16' 54.7"</u> <u>55</u> Method of Lat/Long (circle one): Conventional Survey, UEGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 Sec 27</u> <u>Twp 4 N</u> <u>Rng 1 W</u> NE Distance Direction Nearest Town <u>2.7 Miles</u> <u>NW</u> of <u>Byram, MS</u></p>
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Well / Borehole Data

Date drilling started: 6-26-08 Date drilling completed: 6-26-08 Hole depth: 250 Foot Hole diameter: 4 3/4

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: _____ feet above or below (circle one) land surface Date measured: _____

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

Well depth: _____ Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement _____ Bestmate _____ Mix _____

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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 screen flow over screen, describe on next page*

Form: OLWR-SWR-1A

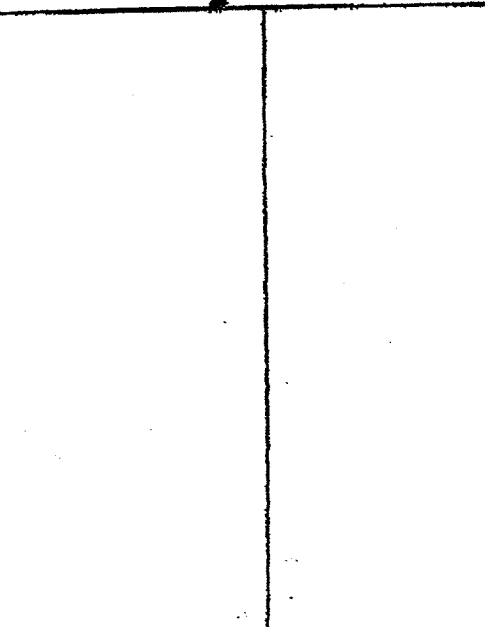
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R-230

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level

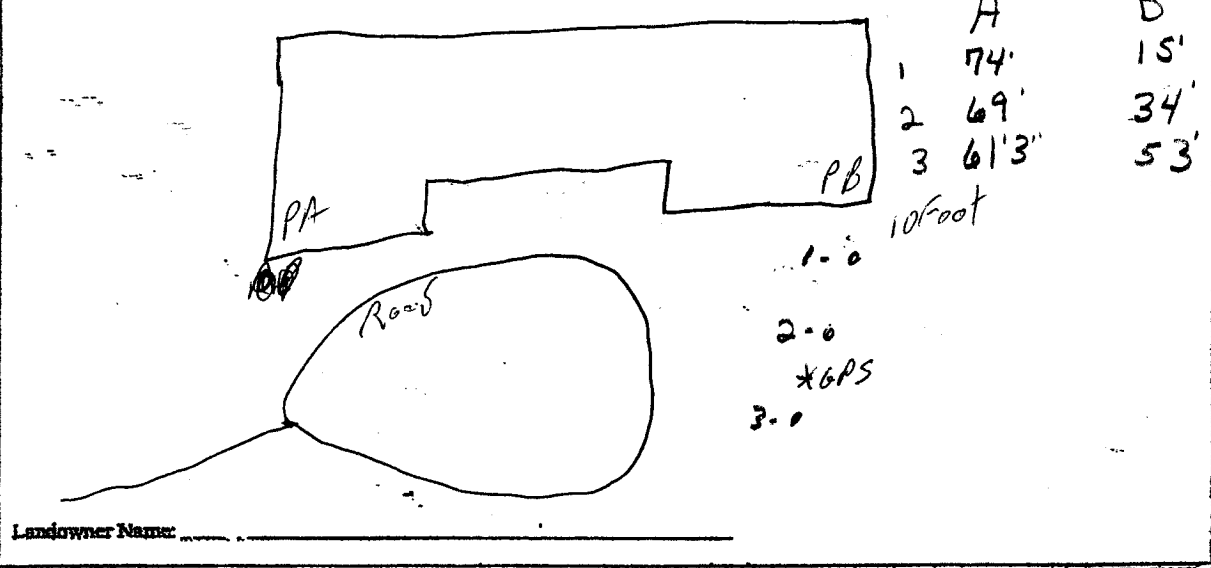


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Red Clay	0 -	30 FT
tan clay	30 FT -	70 FT
grey clay	70 FT -	150 FT
brown clay	150 FT -	250 FT

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.



Landowner Name: _____

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

Print Name of Responsible Licensee and License No. Fred Danforth 0-69867 Date 7-12-08

Signature of Licensee Fred Danforth

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