

County: hance
 Permit #: _____
 Driller: Elmer
 Date drilling completed: 1-20-08

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 #: K-732
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Miracle Homes LLC</u> Mailing Address: <u>1211 Miramar St</u> <u>Cape Coral, FL 33907</u> City State Zip Code Telephone No. <u>(239) 549-0670</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>30° 17' 11.7" N</u> Longitude: <u>89° 25' 27.1" W</u> Method of Lat/Long (circle one): <u>Hand-held GPS</u>, Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>SE 1/4 Sec 6 Twn 9S Rng 14W</u> Distance Direction Nearest Town <u>6.15 Miles of Pike side, highway</u></p>
<p>Well / Borehole Data</p> <p>Date drilling started: <u>1-20-08</u> Date drilling completed: <u>1-20-08</u> Hole depth: <u>120</u> Hole diameter: <u>4 1/2</u> Location of the source of any surface water used for drilling: <u>city water</u> Method of dosing and volume of Chlorine used in drilling and development: <u>city water + 7 gallon ch</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i> Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>10</u> feet above or below (circle one) land surface Date measured: <u>1-20-08</u> Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ Well depth: <u>120</u> Well grouted to a depth of <u>20</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix Casing length: <u>100</u> feet Casing diameter: <u>2"</u> inches Type of casing: <u>sch 80</u> Screen length: <u>20</u> feet Screen diameter: <u>2"</u> inches Type of screen: <u>sch 80</u> Screen slot size: <u>.006</u> inches Setting depth: From <u>100</u> feet to <u>120</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

Form: OLWR-SWR-1A

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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)854-6938 (fax)

County: hancock
 Permit #: _____
 Driller: Elmer
 Date completed: 1-22-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K-732
 Elevation: _____

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	Well Location
Owner Name: <u>Miracle homes LLC</u>	Latitude: <u>30° 17.117N</u> Longitude: <u>089° 25.871W</u>
Mailing Address: <u>1211 miramar st</u> <u>Capeland, FL 33904</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(239) 549-0670</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles of _____ <u>6115 Pikesley, Bayside, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Submersible <input type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>1-22-08</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-22-08</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>20</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: 14 Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Bernard Edmonson 0793
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

Form: OLWR-SWR-13
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