

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-735
 L. S. Elevation: _____
 E-log #: _____

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

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>Miracle homes LLC</u>	Latitude: <u>30° 17' 11.7" N</u> Longitude: <u>089° 25' 24.4" W</u>
Mailing Address: <u>1211 Miramar St</u> <u>Cape Coral FL, 33904</u>	Method of Lat/Long (circle one): Conventional Survey
City: _____ State: _____ Zip Code: _____	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>239 549-0670</u>	<u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>6</u> Twn <u>9S</u> Rng <u>14W</u>
	Distance _____ Miles Direction _____ of _____
	<u>6095 Pikeste, Bay Side pk, ms</u>
Well / Borehole Data	
Date drilling started: <u>1-20-08</u> Date drilling completed: <u>1-20-08</u> Hole depth: <u>140</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 + 1 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>2</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>140</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>120</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>120</u> feet to <u>140</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>	

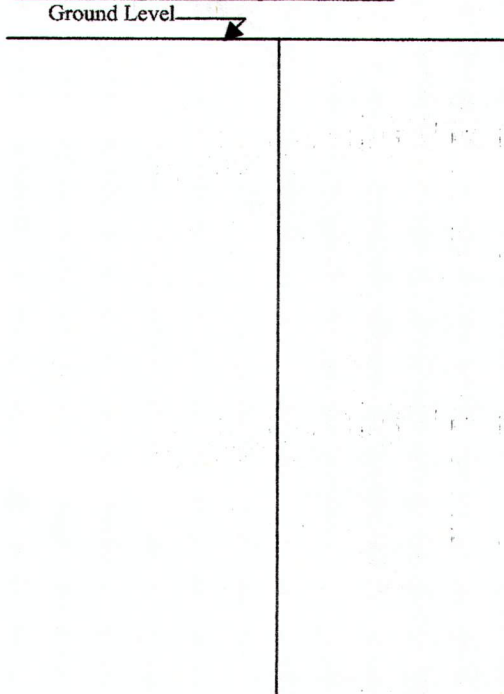
Form: OLWR-SWR-1A

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K-735

The sketch below only required for water wells

If well telescopes, show depths on sketch.

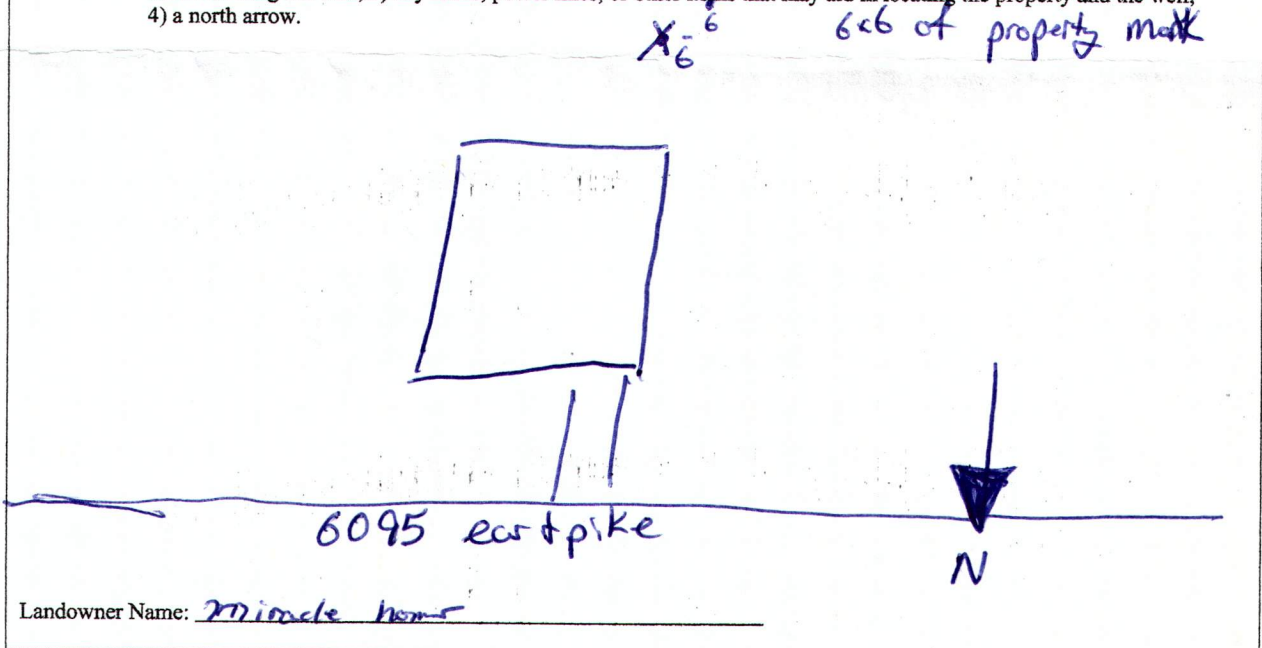


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
sand	0	15
black sand	15	45
gray clay	46	60
green clay	60	85
white sand	86	110
black sand	110	140

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: Miracle Home

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.

Bernard Edmonson 0-793

Print Name of Responsible Licensee and License No. Date

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)

County: Hancock
 Permit #: _____
 Driller: Elmer
 Date completed: 1-20-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K-735
 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</u>	Latitude: <u>30° 17.117N</u> Longitude: <u>089° 25.844W</u>
Mailing Address: <u>1211 miramer st</u> <u>Cape Coral, FL</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ ¼ _____ ¼ Sec _____ T _____ R _____
Telephone No. <u>(239) 549-0070</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____
	<u>6095 Pike ste, bay side, ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	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: 10 <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"/> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>17</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>15</u> 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 0-713 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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