

County: hanceck
 Permit #: _____
 Driller: Elmer
 Date drilling completed: 1-21-08

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-736
 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>Miracle homes</u> | Latitude: <u>30° 17' 10.3" N</u> Longitude: <u>089° 25' 8.56" W</u> |
| Mailing Address: <u>1211 Miracle St</u> <u>Cape Coral, FL 33904</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> USGS quad, <u>SE 1/4 SE 1/4 Sec 6</u> Twn <u>9S</u> Rng <u>14W</u> |
| City _____ State _____ Zip Code _____ | Distance _____ Miles Direction _____ of Nearest Town _____ |
| Telephone No. <u>239 549-0670</u> | <u>6102 Quinlan St, Bay Side, MS</u> |
| Well / Borehole Data | |
| Date drilling started: <u>1-21-08</u> Date drilling completed: <u>1-21-08</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: _____ | |
| Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> 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>14</u> feet above or below (circle one) land surface. Date measured: <u>1-21-08</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>20</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix | |
| Casing length: <u>120</u> feet Casing diameter: <u>2 1/2</u> inches Type of casing: <u>sch 80</u> | |
| Screen length: <u>20</u> feet Screen diameter: <u>2 1/2</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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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: 1-22-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K-736
 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 Home LLC</u> | Latitude: <u>30°17.103'N</u> Longitude: <u>089°25.856'W</u> |
| Mailing Address: <u>Ball mirror rd</u> <u>Cape Coral, FL, 33904</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____ |
| City _____ State _____ Zip Code _____ | Distance _____ Direction _____ Nearest Town _____ |
| Telephone No. <u>239 549-0670</u> | Miles _____ of _____ <u>0.02 Quincey St, bagside, ms</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine 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 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 Electric Measuring Line <input checked="" type="radio"/> Steel Tape |
| Static Water Level (A): <u>15</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>5</u> Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>14</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 0-793 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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