

County: hancock  
 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-737  
 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><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Triangle Home LLC</u>          Mailing Address: <u>1211 minor st</u>  <u>Cape Coral, FL, 33904</u>          City State Zip Code          Telephone No. <u>(239) 549-0670</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>30° 17' 10.3" N</u> Longitude: <u>89° 25' 8.53" W</u>          Method of Lat/Long (circle one): <u>Conventional Survey</u>          USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS  <u>5E</u> 1/4 <u>5E</u> 1/4 Sec <u>6</u> Twn <u>9S</u> Rng <u>14W</u>          Distance Direction Nearest Town          Miles of _____  <u>6078 Quindlen st e, bayside, ms</u></p>
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**Well / Borehole Data**

Date drilling started: 1-21-08 Date drilling completed: 1-21-08 Hole depth: 140 Hole diameter: 4 1/2

Location of the source of any surface water used for drilling: city water  
 Method of dosing and volume of Chlorine used in drilling and development: + 7 gal - ch

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: 10 feet above or below (circle one) land surface Date measured: 1-21-08

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

Well depth: 140 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentomite Mix

Casing length: 120 feet Casing diameter: 2 1/2 inches Type of casing: 5c h 80°

Screen length: 20 feet Screen diameter: 2 1/2 inches Type of screen: 5c h 80°

Screen slot size: .006 inches Setting depth: From 120 feet to 140 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*

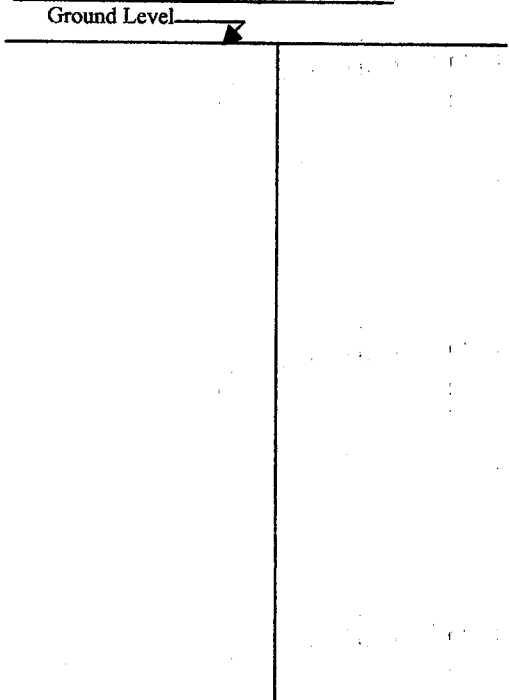
Form: OLWR-SWR-1A

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K-737

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) Ground Level	To (depth)
Sand	0	25
black s.s.	26	60
gray s.s.	61	80
green s.s.	81	100
white s.s.	101	120
black s.s.	121	146

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.

6x6 off front left property marker

6098 Quakerman St

Landowner Name: Miracle Homes LLC

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)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-737  
 Elevation: \_\_\_\_\_

County: Howard  
 Permit #: \_\_\_\_\_  
 Driller: Elmer  
 Date completed: 1-22-08  
*Copy information from block on Part 1*

*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° 17.103' N</u> Longitude: <u>89° 25.853' W</u>
Mailing Address: <u>1211 Miramar St</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 _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>238 549-0670</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1hp</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: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>18</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>8</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]  
 Signature of Pump Installer

Form: OLWR-SWR-1B

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