

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-738  
 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 align="center"><b>Information on Well Owner</b>          (Landowner if borehole is not for water well)</p> <p>Owner Name: <u>Miracle Homes</u>          Mailing Address: <u>1211 Miracle St</u>  <u>Cape Coral, FL, 33904</u>          City _____ State _____ Zip Code _____          Telephone No. <u>(239) 549-0670</u></p>	<p align="center"><b>Well or Borehole Location</b></p> <p>Latitude: <u>30 17 104 N</u> Longitude: <u>081 25 271 W</u>  <u>06</u> <u>52</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS  <u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>6</u> Twn <u>9S</u> Rng <u>14W</u>          Distance _____ Direction _____ Nearest Town _____          Miles _____ of _____  <u>6106 Quindana St, Bayside, MS</u></p>
<p><b>Well / Borehole Data</b></p>	
<p>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: <u>+ 1 gal etc h</u>          Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____          Name of organization turning log(s): _____          Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____          Seismic Survey _____ Other (describe) _____</p> <p align="center"><i>If drilling is not related to water well construction, skip the remainder of this block</i></p>	
<p>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: _____          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></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: hance  
 Permit #: \_\_\_\_\_  
 Driller: Elmer  
 Date completed: 1-22-08  
*Copy information from block on Part 1*

For Office Use **Only**.

Aquifer: \_\_\_\_\_  
 Well #: K-738  
 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° 17.104N</u> Longitude: <u>089° 25.871W</u>
Mailing Address: <u>1211 Miramar Sh</u> <u>Cape Girardeau, MO 63704</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>228 548-0670</u>	Miles _____ of _____ <u>6106 Quaker St, Bayside, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" 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"/> <input checked="" type="radio"/> Steel Tape
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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