

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-739
 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, 33904</u> City State Zip Code Telephone No. <u>(239) 549-0670</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>30° 17' 10.4" N</u> Longitude: <u>084° 25' 23.6" W</u> Method of Lat/Long (circle one): <u>06</u> Conventional Survey USGS quad, Hand-held GPS, Survey-grade GPS <u>SE</u> ¼ <u>SE</u> ¼ Sec <u>6</u> Twn <u>9S</u> Rng <u>14W</u> Distance Direction Nearest Town <u>6094</u> Miles of <u>Quitman St, by side</u></p>
<p>Well / Borehole Data</p> <p>Date drilling started: <u>1-21-08</u> Date drilling completed: <u>1-22-08</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>+ 2 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>12</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</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></p>	

Form: OLWR-SWR-1A

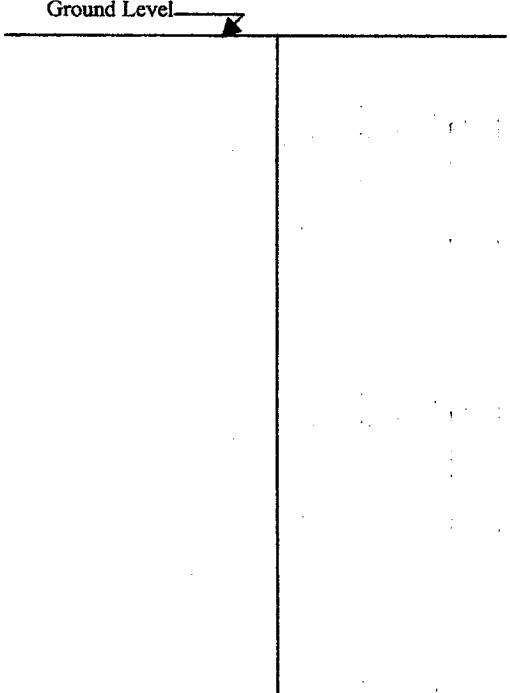
RECEIVED
 MAR 25 2008
 BY: OLWR

K-739

The sketch below only required for water wells

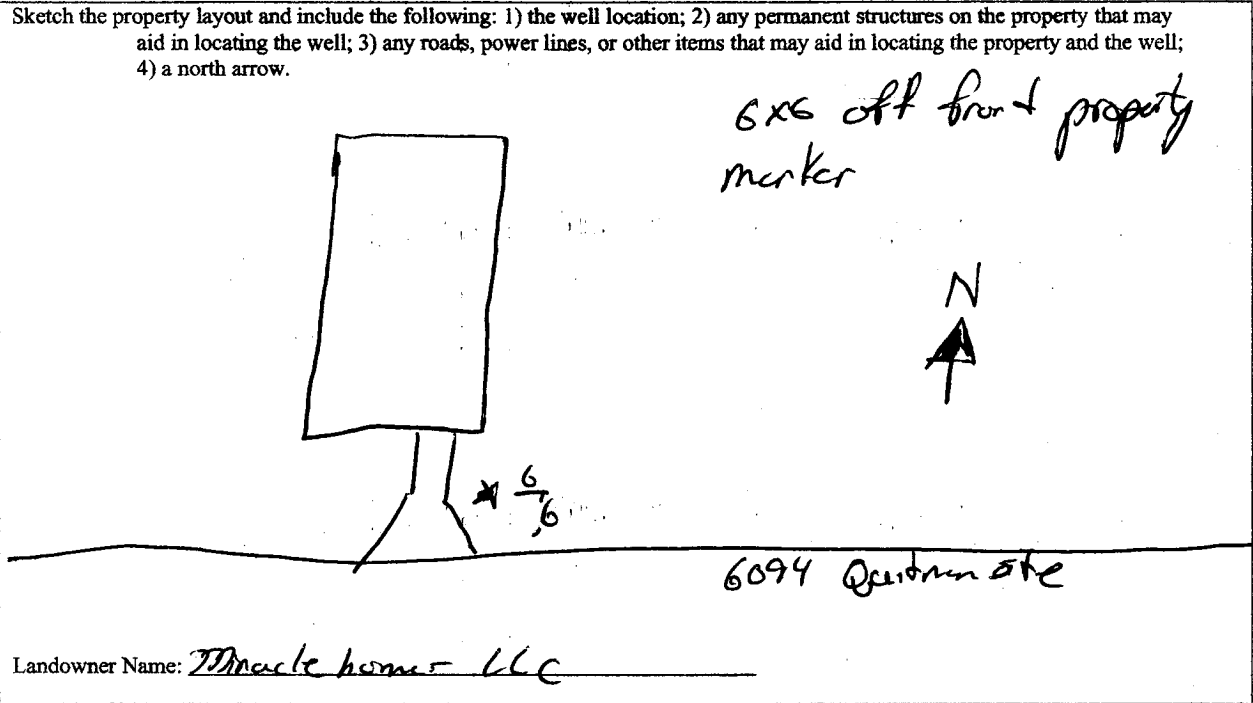
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Sand	0	25
black sand	25	60
gray clay	61	80
gray clay	81	100
white sand	101	119
black clay	120	140

If more than one screen, show location of each on sketch



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

RECEIVED
 MAR 25 2008
 BY: OLWR

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: hancecock
 Permit #: _____
 Driller: Elmer
 Date completed: 1-21-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K-739
 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: _____ Longitude: _____
Mailing Address: <u>1211 Mirameri St</u> <u>Cape Coral, FL, 33904</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>334 549-0670</u>	Distance Direction Nearest Town
	_____ Miles _____ of _____ <u>6094 Quitman St beyond T</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input 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>3-14-08</u>	<u>drop pipe</u> Setting Depth: <u>30ft</u> 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>3-14-08</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]
 Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED
 MAR 25 2008
 BY: OLWF