

County: Hancock  
 Permit #: \_\_\_\_\_  
 Driller: Elmer Edmonson  
 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-740  
 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<br>(Landowner if borehole is not for a water well)  | Well or Borehole Location   |
|---|---|
| Owner Name: <u>Miracle Homes</u>  | Latitude: <u>30° 17' 11.8" N</u> Longitude: <u>089° 25' 42.4" W</u>                                   |
| Mailing Address: <u>1211 Miramar St</u><br><u>Cape Coral, FL 33904</u>  | Method of Lat/Long (circle one): <u>Conventional Survey</u>   |
| City: _____ State: _____ Zip Code: _____  | USGS quad, Hand-held GPS, Survey-grade GPS<br><u>SE 1/4 SE 1/4 Sec 6 Twn 9S Rng 14W</u>               |
| Telephone No. <u>(239) 549-0670</u>   | Distance _____ Miles Direction _____ of _____ Nearest Town _____<br><u>6135 Pike Ste. Bayside, 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: <u>+ 2 gallon ch</u>  |   |
| Logs run (circle all applicable): <u>No log run</u> Electric <u>Gamma Ray</u> 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>15</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 1/4</u> inches Type of casing: <u>sch 80</u>   |   |
| Screen length: <u>20</u> feet Screen diameter: <u>2 1/4</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

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

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: K-740  
 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°17.118'N</u> Longitude: <u>68°-25.929'W</u>   |
| Mailing Address: <u>1211 miramar st</u><br><u>Cape Coral, FL, 33904</u> | Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____<br>_____ 1/4 _____ 1/4 Sec _____ T _____ R _____ |
| City _____ State _____ Zip Code _____                                   | Distance _____ Direction _____ Nearest Town _____   |
| Telephone No. (____) _____  | _____ Miles of <u>6135 pike side</u> <u>beside, n.w.</u>  |

| Pump Type<br>Circle one  | Power Type<br>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>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<br>Circle one   |
|--|---|
| Date Well Tested: <u>1-22-08</u>                           | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> 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 _____   |
| Test Pumping Rate: <u>1-22-08</u> Gallons Per Minute       | _____ feet after _____ hours of pumping   |
| 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 Edmondson 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: OLWR