

# 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)

County: hancock  
 Permit #: \_\_\_\_\_  
 Driller: Elmer Edman  
 Date drilling completed: 1-21-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: K-741  
 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 LLC</u>	Latitude: <u>30° 17' 10" N</u> Longitude: <u>089° 25' 34" W</u>
Mailing Address: <u>1211 Miramar St</u> <u>Cape Coral, FL, 33904</u>	Method of Lat/Long (circle one): Conventional Survey, <u>06</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE</u> 1/4 Sec <u>6</u> Twn <u>9S</u> Rng <u>14W</u>
Telephone No. ( <u>278</u> ) <u>549-0670</u>	Distance _____ Miles Direction _____ of _____ Nearest Town _____
	<u>6090 Quitman st, bayside, ms</u>

**Well / Borehole Data**

Date drilling started: 1-21-08 Date drilling completed: 1-21-08 Hole depth: 130 Hole diameter: 4 1/2

Location of the source of any surface water used for drilling: Gibuzta

Method of dosing and volume of Chlorine used in drilling and development: 1 gallon 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: 130 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 2 1/4 inches Type of casing: sch 80

Screen length: 20 feet Screen diameter: 2 1/4 inches Type of screen: sch 80

Screen slot size: .006 inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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*

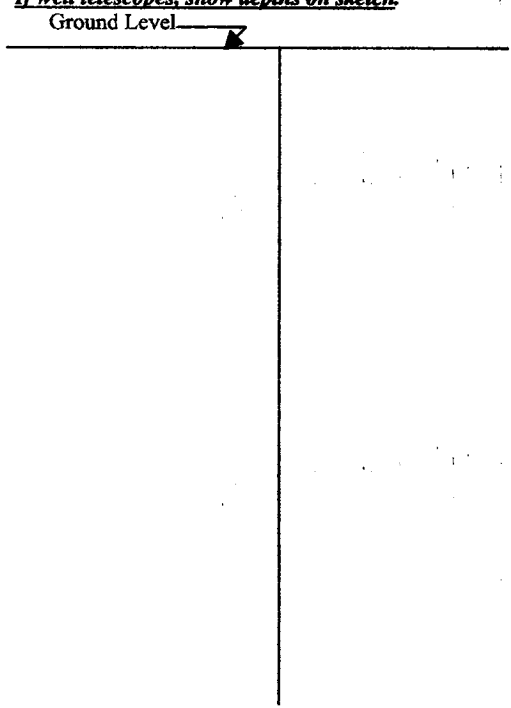
Form: OLWR-SWR-1A

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K-741

The sketch below only required for water wells

If well telescopes, show depths on sketch.

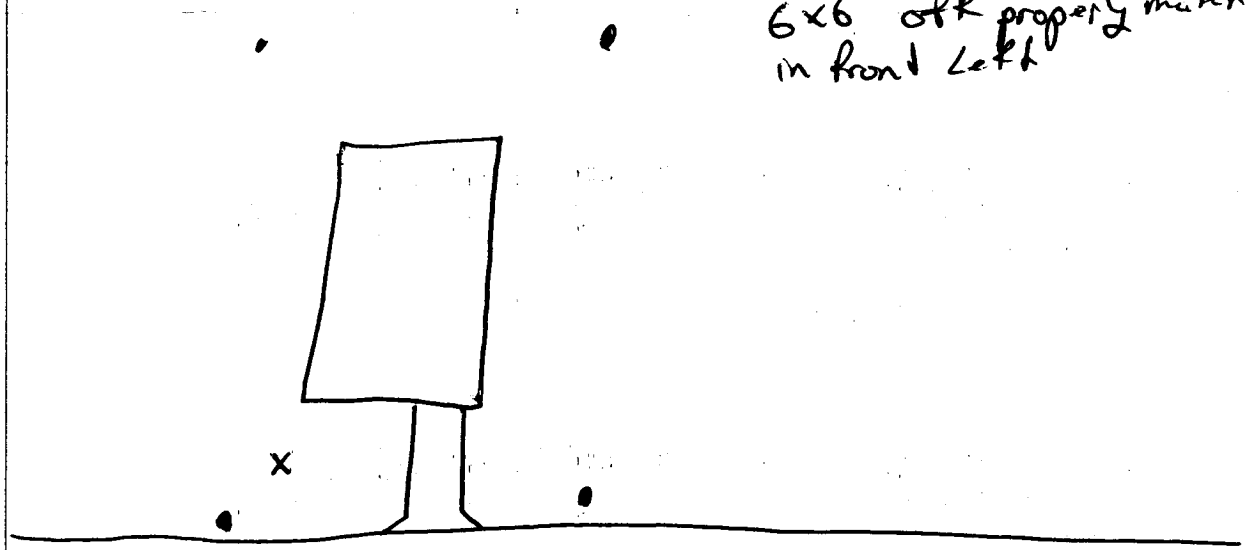


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Sand	0	20
Black sand	21	59
greenish	60	69
gray clay	70	89
black sh.	90	100
black sand	110	150

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.



Landowner Name: \_\_\_\_\_

8090 Quitman St

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)

County: hancock  
Permit #: \_\_\_\_\_  
Driller: Elmer  
Date completed: 1-21-08  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
Well #: K-791  
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>Mirade homes LLC</u>	Latitude: <u>30° 17.1041N</u> Longitude: <u>89° 25.834</u>
Mailing Address: <u>1211 miramar st</u> <u>Cape Coral FL 33901</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 _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(278) 549-0670</u>	Miles _____ of _____ <u>6090 Quitman st, by side, ms</u>

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>1</u>
Date Pump Installed: <u>3-15-08</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>3-15-08</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 _____ 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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