

State Well Report

Part I - 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-742

L. S. Elevation: _____

E-log #: _____

County: Hancock

Permit #: _____

Driller: Elmer

Date drilling completed: 2-7-6

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)

Owner Name: Mirinda Hornor, LLC

Mailing Address: 1211 Miranda St

Cape Coral, FL, 33902

City State Zip Code

Telephone No. (239) 549-6670

Well or Borehole Location

Latitude: 30° 17' 10.4" N Longitude: 089° 25' 53.1" W

Method of Lat/Long (circle one): Hand-held GPS Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS

SE 1/4 SE 1/4 Sec 6 Twn 9S Rng 14W

Distance Direction Nearest Town
_____ Miles _____ of _____

6116 Quintmen St

Well / Borehole Data

Date drilling started: 2-8-8 Date drilling completed: 2-8-8 Hole depth: 130 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: _____

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: 2-8-8

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 Bentomite Mix

Casing length: 110 feet Casing diameter: 2" inches Type of casing: 2 1/2" 800

Screen length: 20 feet Screen diameter: 2" inches Type of screen: 2 1/2" 800

Screen slot size: .006 inches Setting depth: From 110 feet to 130 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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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-742

Elevation: _____

County: Hancock
Permit #: _____
Driller: Elmer
Date completed: 2-7-08
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</u>	Latitude: <u>30° 17.109' N</u> Longitude: <u>089° 25.891' W</u>
Mailing Address: <u>1211 Miramar St</u> <u>Cape Coral, FL</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. (____) _____	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>1</u>
Date Pump Installed: <u>3-15-08</u>	Setting Depth: <u>dp-30</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>3-15-08</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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