

County: Hancock
 Permit #: _____
 Driller: Elmer
 Date drilling completed: 2-7-08

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-743
 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</u>	Latitude: <u>30° 17' 10.5" N</u> Longitude: <u>089° 25' 00" W</u>
Mailing Address: <u>1211 Miramonte</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Cape Coral, FL</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 6 Twn 9S Rng 14W</u>
Telephone No. ()	Distance Direction Nearest Town
	Miles of
	<u>6132 Quitman St</u>

Well / Borehole Data

Date drilling started: 2-7-08 Date drilling completed: 2-7-08 Hole depth: 4 1/2 Hole diameter: 130

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: 2-7-08

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: 24 inches Type of casing: 40°

Screen length: 20 feet Screen diameter: 24 inches Type of screen: 40°

Screen slot size: 10 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

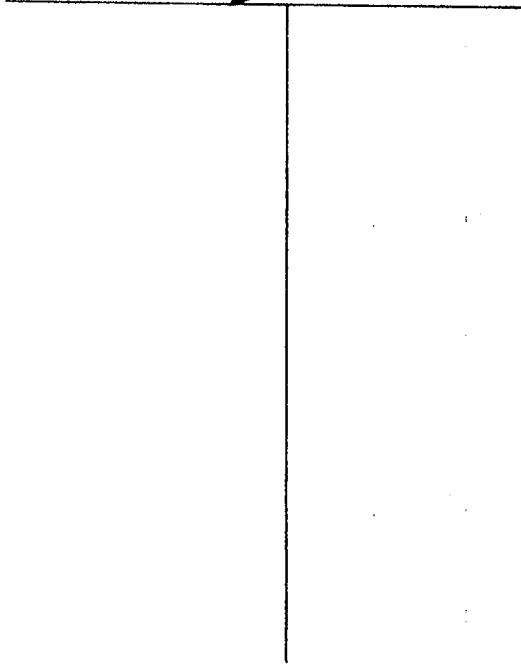
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K-743

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



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	25
black sil	26	50
greenish	51	59
greenish	60	89
black sil	90	107
black sand	110	130

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.

6x6 of front property marker

Landowner Name: Miracle Homes LLC

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.

Form: OLWR-SWR-1A

Brian A. ... 0-793
Print Name of Responsible Licensee and License No. Date

[Signature]
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)

For Office Use Only:

Aquifer: _____

Well #: K-743

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

Owner Name: Miracle homes LLC
Mailing Address: 1211 Miramar Dr
Cape Coral, FL
City _____ State _____ Zip Code _____
Telephone No. (____) _____

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (check one): Conventional Survey _____
USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Distance _____ Direction _____ Nearest Town _____
_____ Miles _____ of _____

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 3-15-08
Rated Pump Capacity: 15 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 1
Setting Depth: dip - 30 feet
Number of Stages: _____

Pump Test Data

Date Well Tested: 3-15-08
Static Water Level (A): 10 Feet Below Land Surface
Pumping Water Level (B): 20 Feet Below Land Surface
Drawdown [(B) - (A)]: 10 Feet Below Land Surface
Test Pumping Rate: 14 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable) 0-793

Signature of Pump Installer

Form: OLWR-SWR-1B

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BY: OLWR