

County: hancock
 Permit #: _____
 Driller: Elmer
 Date drilling completed: 2-28

**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-744
 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 Miramer St</u> <u>Capitola, CA, 95010</u> City: _____ State: _____ Zip Code: _____ Telephone No. (<u>230</u>) <u>544-0670</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>30 17.104 N</u> Longitude: <u>089 25.893 W</u> <u>06</u> <u>53</u> Method of Lat/Long (circle one): Conventional Survey USGS quad: _____ Hand-held GPS: _____ Survey-grade GPS: _____ <u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>6</u> Twn <u>9S</u> Rng <u>14W</u> Distance _____ Miles Direction _____ of Nearest Town _____ <u>6120</u> <u>Quintana St, by side park, n.s</u></p>
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Well / Borehole Data

Date drilling started: 2-2-8 Date drilling completed: 2-2-8 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 Bentonite Mix
 Casing length: 110 feet Casing diameter: 2 inches Type of casing: 5x80
 Screen length: 20 feet Screen diameter: 2 inches Type of screen: 5x80
 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)

County: Monroe
Permit #: _____
Driller: Elmer
Date completed: 2-8-08
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: K-749
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</u>	Latitude: <u>30° 17.104N</u> Longitude: <u>89° 25.893W</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 _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____
Telephone No. (____) _____	

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" 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>3-15-08</u>	Setting Depth: <u>dip-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 Electric Measuring Line <input checked="" type="radio"/> 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 J. Edwards 0-793
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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