

**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: Lancaster
Permit #: _____
Driller: Elmer
Date drilling completed: 2-8-8

For Office Use Only:
Aquifer: _____
Well #: K-745
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' 10.3" N</u> Longitude: <u>89° 25' 9.1" W</u>
Mailing Address: <u>1211 Miramar St</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u>
<u>Cape Coral, FL, 33921</u>	USGS quad: <u>SE 5E 6</u> Twn: <u>9S</u> Rng: <u>14W</u>
City: _____ State: _____ Zip Code: _____	Distance _____ Miles Direction _____ of Nearest Town _____
Telephone No. <u>(239) 544-0670</u>	<u>6124 Quinlan st, by side park, ms</u>

Well / Borehole Data

Date drilling started: 2-8-08 Date drilling completed: 2-8-08 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 of 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 1/2 inches Type of casing: sch 80

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

Screen slot size: 100 inches Setting depth: From 10 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**

Bernard Edmonson 0-793

Form: OLWR-SWR-1A

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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)

For Office Use Only:

Aquifer: _____
Well #: K-745
Elevation: _____

County: hancock
Permit #: _____
Driller: Elmer
Date completed: 2-8-08
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 LLC</u>	Latitude: <u>30° 17' 10.3" N</u> Longitude: <u>89° 25' 9.1" W</u>
Mailing Address: <u>1211 miramors t</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 checked="" type="radio"/> Jet	Diesel Engine
Bucket <input type="radio"/> Piston	Gasoline Engine
Centrifugal <input type="radio"/> Rotary	Natural Gas
Other (specify): _____	<input checked="" type="radio"/> Electric Motor
Date Pump Installed: <u>3-15-08</u>	Hand _____
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Tractor PTO _____
	Windmill _____
	Other (specify): _____
	Horse Power Rating of Motor: <u>1</u>
	Setting Depth: <u>dep - 30</u> feet
	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-15-08</u>	Air Line _____
Static Water Level (A): <u>10</u> Feet Below Land Surface	Electric Measuring Line _____
Pumping Water Level (B): <u>18</u> Feet Below Land Surface	<input checked="" type="radio"/> Steel Tape
Drawdown [(B) - (A)]: <u>8</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>14</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): _____ hours	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.
Bernard Edmonson 0-793
Print Name of Pump Installer and License No. (if applicable) _____
Signature of Pump Installer _____

Form: OLWR BWR 1B
RECEIVED
MAR 25 2008
BY: OLWR