

County: Franklin  
 Permit #: \_\_\_\_\_  
 Driller: Shirley  
 Date drilling completed: 2-9-08

**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-796  
 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)  
 Owner Name: Michelle Morris LLC  
 Mailing Address: 1211 ...  
Cape Coral FL  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone No.: (239) 549-0570

**Well or Borehole Location**  
 Latitude: 30° 17' 103" N Longitude: 89° 25' 875" W  
 Method of Lat/Long (circle one): Hand-held GPS Conventional Survey  
 USGS quad: SE 1/4 SE 1/4 Sec 6 Twn 9S Rng 14W  
 Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
 Miles \_\_\_\_\_ of \_\_\_\_\_

**Well / Borehole Data**  
 Date drilling started: 2-9-08 Date drilling completed: 2-9-08 Hole depth: 130 Hole diameter: 4 1/2

Location of the source of any surface water used for drilling: \_\_\_\_\_  
 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 X Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 6 feet above of below (circle one) land surface Date measured: 2-9-08  
 Method of Measurement (circle one) air line steel tape electric tape 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: 4 inches Type of casing: sch 80

Screen length: 20 feet Screen diameter: 2 inches Type of screen: sch 80  
 Screen slot size: \_\_\_\_\_ 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-746

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level →

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
White Sand	0	<del>50</del>
Black Sand	21	59
gray clay	60	69
green clay	70	89
White Sand	90	109
Black Sand	110	120

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 ft of ground left 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.

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: N Hancock  
 Permit #: \_\_\_\_\_  
 Driller: Elmer  
 Date completed: 2-9-08  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: K-746  
 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**

Owner Name: Miracle homes LLC  
 Mailing Address: 1211 miramon st  
Cape Coral, FL  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone No. (\_\_\_\_) \_\_\_\_\_

**Well Location**

Latitude: 30° 17.103' N Longitude: 089° 25.875' W  
 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  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: 30 feet dip hbc  
 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): 18 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 8 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.

Berner & 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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