Harrison County: _ Permit #: 115-06-17091 Driller: Griner Drilling Date drilling completed:

Well Owner Information

STATE WELL REPORT Part 1

Driller's Log

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601)360-0535 (fax)

0240260-03				
For Office Use Only:				
Well #: <u>D98</u>				
Aquifer:				
E-Log #:				

Well or Borehole Location

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.

Well Owner Information	Well or Borenole Location			
(Landowner if borehole is not for a water well)	Latitude: 30 38'27.05" Longitude: 88 54'21.15"W			
Owner Name: Beau Rivage Hotel & Casio	n solution			
	Method of Lat/Long (check one): Conventional Survey,			
Mailing Address: 875 Beach Blvd	USGS quad, Hand-held GPS_X, Survey-grade GPS			
Biloxi MS 39530	510 14 NC 14, Sec 5 T 5S R 9W			
City State Zip Code	15 Miles Northof Biloxi			
Telephone No. (877) 805-4657	(Distance) (Direction) (Nearest Town)			
Well / B	orehole Data			
Date drilling started: $\frac{33-14}{}$ Date drilling completed:	3-14-14 Hole depth: 440 Hole diameter: 9 7/8			
Location of the source of any surface water used for drilling	N8.			
Method of dosing and volume of Chlorine used in drilling a	nd development:			
Logs run (circle all applicable): No log run ≭Electric ⊀Gamr	ma Ray Density Sonic Neutron Other:			
Name of organization running log(s): Griner Dri	lling Service, Inc			
Purpose of borehole (circle one): Water Well X Geotechni	ical/Geological Investigation Ground Source Heat Pump			
raipose of borefole (chare one). Water wear. Geotecini	ical/ Geological investigation Ground Source react amp			
Seismic Survey Other	(describe)			
If drilling is not related to water well c	onstruction, skip the remainder of this block			
Purpose of Well (circle all applicable): Home Andustrial Public Supply Irrigation Fish Culture				
Other (describe):				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 77' feet [above or below] land surface Date measured: 3-15-14 (circle one)				
Method of measurement (circle one): Steel tape XElectric				
· · · · · · · · · · · · · · · · · · ·				
•	feet Type of grout (circle one)::Neat Cement Bentonite Mix			
	6.625 inches Type of casing: Steel			
Screen length: 40' feet Screen diameter:				
Screen slot size: <u>.020</u> inches Setting depth	: From <u>390</u> feet to <u>430</u> feet			
Type of completion (circle all applicable): *Gravel packed Underreamed Open hole Natural Development				
Other (describe):				
Top of lap pipe or reduction in casing: 350 feet				
If telescoped or more than one screen, describe on next page				
	Form: OLWR-SWR-1A (4/13			

County: Harrison Permit #: 17/5 6ω 17091	w	For Office Use	Only:	
The sketch below only required for water wells	<u>Description of formations encou</u> and boreholes, unless specifical			
If well telescopes, show depths on sketch.	Description of Formations Encounte	ered From (depth)	To (depth)	
Ground Level	Streaky sand	Ground level	140	
	Clay	140	200	
	Sand	200	210	
	Clay	210	260	
	Sand	260	290	
	Clay	290	385	
	Fine Sand	385	430	
İ	Clay	430	440	
	Clay	430	440	
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 at 3) any roads, power lines, or other items that may aid in 4) north arrow	id in locating the well locating the property and the well			
Landowner Name: HEREBY 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.				
Charles H. Griner Sr. 0-184	June 12,2014	Charle H.	Drin	
Print Name of Responsible Licensee and License No.	Date S	ignature of Licensee Form: OLWR	-SWR-1A (4/13	

STATE WELL REPORT

Part 2

County: Harrison Permit #: M5-CW-17091

Driller: Griner Drilling Date completed: 3-17-14

Copy information from block on Part 1

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For Office Use Only:				
Well #:	D98			
Aquifer:				

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: Beau Rivage Hotel & Casin	1			
	1			
Mailing Address: 875 Beach Blvd	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS_X, Survey-grade GPS			
Biloxi MS 39530	<u>5~ ¼ ~ E ¼, Sec 5 T 5S R 9W</u>			
City State Zip Code	15 Miles North _{of} Biloxi			
Telephone No. (877) 805-4657	(Distance) (Direction) (Nearest Town)			
Pump Ty	pe (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):			
-	Rated Pump Capacity: 55 Gallons Per Minute			
Is This Pump (circle one): New Repaired Replacement				
Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):				
Horse Power Rating of Motor: 5 Setting Dept	h:feet Number of Stages:			
Pump Test Data	for Non Flowing Well			
Date Well Tested: 3-15-14	Duration of Pump Test (minimum 4 hours):hours			
Static Water Level (A): 77 Feet Below Land Surface	Pumping Water Level (B): 300 Feet Below Land Surface			
	face Test Pumping Rate: 55 Gallons Per Minute			
Method of measurement (circle one): Steel tape *Electric ta				
	ta for Flowing Well			
Measured shut in head:feet.				
	foot offer bours of numning			
Well yieldedGPM with a drawdown of	leer afterhours or pumping			
	Installation			
Meter Manufacturer: NA Existing Meter	Meter Serial Number:			
Meter Model Number/Name:	Type of Meter:			
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):				
Installation Date: Meter installed by:				
is This Meter (circle one): New Repaired Replacement				
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
-, -	6-12-14 L			
John Gay, Jr Print Name of Pump Installer and License No. (if applicable				
The mante of themp inserted and Elective trot (i) applicable	7			

Form: OLWR-SWR-1B (4/13)