

STATE WELL REPORT

02A0260-03

County: Harrison
 Permit #: MS-CW-17091
 Driller: Griner Drilling
 Date drilling completed: 3-17-14

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)

For Office Use Only:

Well #: D98
 Aquifer: _____
 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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Beau Rivage Hotel & Casion</u>	Latitude: <u>30 38'27.05"N</u> Longitude: <u>88 54'21.15"W</u>
Mailing Address: <u>875 Beach Blvd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Biloxi</u> MS <u>39530</u>	<u>S10 1/4 NE 1/4, Sec 5 T 5S R 9W</u>
City State Zip Code	<u>15</u> Miles <u>North</u> of <u>Biloxi</u>
Telephone No. (<u>877</u>) <u>805-4657</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 3-14 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: _____

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): Griner Drilling Service, Inc

Purpose of borehole (circle 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 (circle all applicable): Home Industrial _____ 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 Electric tape _____ Air line _____ Other (describe): _____

Well depth: 430' Well grouted to a depth of: 380 feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____

Casing length: 380 feet Casing diameter: 6.625 inches Type of casing: Steel

Screen length: 40' feet Screen diameter: 4.5" inches Type of screen: Rod base

Screen slot size: .020 inches Setting depth: From 390 feet to 430 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

Fallen Oaks Golf Course

STATE WELL REPORT

County: Harrison
 Permit #: MS-06-17091
 Driller: Griner Drilling
 Date completed: 3-17-14
Copy information from block on Part 1

Part 2
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 #: 098
 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: <u>Beau Rivage Hotel & Casino</u>	Latitude: <u>30 38'27.05"N</u> Longitude: <u>88 54'21.15"W</u>
Mailing Address: <u>875 Beach Blvd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Biloxi</u> MS <u>39530</u>	<u>SW 1/4 NE 1/4</u> , Sec <u>5</u> T <u>5S</u> R <u>9W</u>
City State Zip Code	<u>15</u> Miles <u>North</u> of <u>Biloxi</u>
Telephone No. (<u>877</u>) <u>805-4657</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 3-15-14 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 Depth: 353' feet Number of Stages: 11

Pump Test Data for Non Flowing Well

Date Well Tested: 3-15-14 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 77 Feet Below Land Surface Pumping Water Level (B): 300 Feet Below Land Surface

Drawdown [(B) - (A)]: 223 Feet Below Land Surface Test Pumping Rate: 55 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter 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.

John Gay, Jr 6-12-14
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer