

State Well Report

Part I

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: Harrison
 Permit #: AA MSGW-15300
 Driller: Lyman Well
 Date drilling completed: 7/25/98

For Office Use Only:
 Aquifer: _____
 Well #: G-532
 L. S. Elevation: _____
 E-log #: G-30

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Grand Casino, Inc.</u>	Latitude: <u>30° 31' 04"</u> Longitude: <u>89° 03' 40"</u>
Mailing Address: <u>2909 13th Street, Suite 600</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>Georgetown</u> State: <u>MS</u> Zip Code: <u>39501</u>	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. () _____	<u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>14</u> Twn. <u>6S</u> Rng. <u>11W</u>
	Distance _____ Miles Direction _____ of Nearest Town _____

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 7/21/98 Date well drilling completed: 7/25/98

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: NA feet above or below (circle one) land surface Date measured: NA

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 400 Well depth: 400 Well grouted to a depth of 50 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 340 feet Casing diameter: 8" inches Type of casing: steel

Screen length: 60 feet Screen diameter: 8" inches Type of screen: rod base

Screen slot size: 10/16 inches Setting depth: From 340 feet to 400 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): MDEQ

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Gosh Ladner 0-640
 Print Name of Water Well Contractor and License No.

Gosh Ladner
 Signature of Water Well Contractor

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LYMANWELL

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(601)998-0995

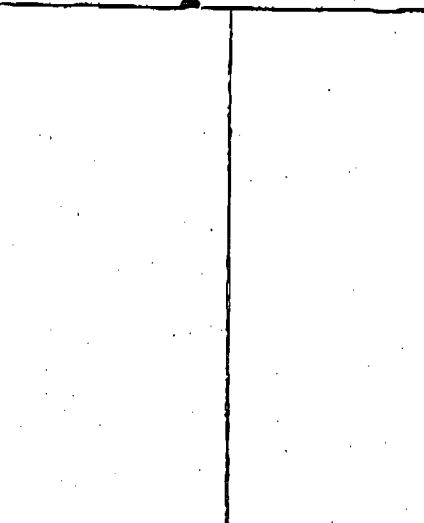
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532

The depth below and thickness for water wells.

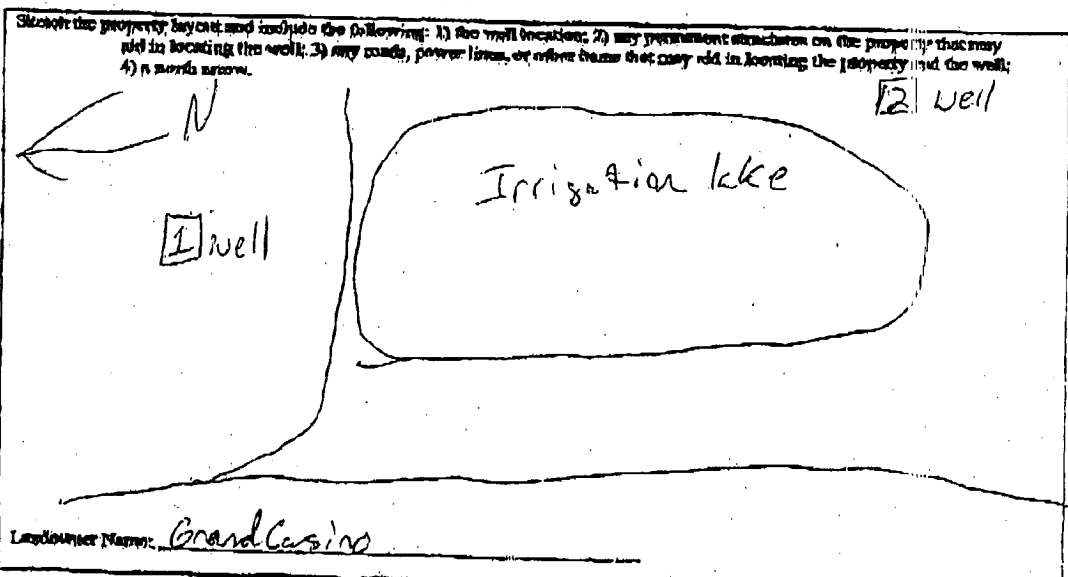
If well is shown, show depth on sketch.
Ground Level _____

Description of formations encountered must be provided for all wells and boring logs unless specifically exempt by regulations.



Description of Formations Encountered	From (depth)	To (depth)
Sand	0	50
Clay	50	140
yellow sand	140	160
Clay	160	205
sand	205	230
Clay	230	330
Sand	330	420

If there than one screen, show location of each on sketch.



I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable regulations of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee and License No. Date
Josh Halner 0-040 4/14/08

Signature of Licensee

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STATE WELL REPORT

County: Harrison
 Permit #: MSGW1530
 Driller: Lyman Well
 Date completed: NA

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 #: G-0532
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Grand Casino Inc</u>	Latitude: <u>30 3104</u> Longitude: <u>89 0340</u>
Mailing Address: <u>2909 13th Street Suite 600</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>GPT</u> <u>MS</u> <u>39201</u>	<u>1/4</u> <u>1/4</u> Sec <u>14</u> Twn <u>25</u> Rng <u>11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>NA</u>	Setting Depth: <u>1000'</u> feet
Rated Pump Capacity: <u>600</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NA</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Josh Ledner 0-640 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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