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LYMANWELL

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MSG-W
15327

County: Harrison

Permit #: MSGW-~~15327~~ 9

Driller: Lyman Well

Date drilling completed: 5/20/98

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)

2 well

For Office Use Only:

Aquifer: _____

Well # ~~15327~~ G-533

L. S. Elevation: _____

E-log #: _____

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' 42"</u>	
Mailing Address: <u>2909 13th Street Suite 600</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
City: <u>Grt</u> State: <u>MS</u> Zip Code: <u>39501</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
Telephone No. () _____	Distance _____ Miles	Direction _____	Nearest Town _____
			<u>Sec 14 Twn 6S Rng 11W</u>

Well Data

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

Date well drilling started: N/A Date well drilling completed: N/A

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

Static Water Level: N/A feet above or below (circle one) land surface Date measured: _____

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: .010 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): _____

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.

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

Josh Ladner
Signature of Water Well Contractor

RECEIVED
APR 14 2008
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 #: G-533
 Elevation: _____

County: Harrison
 Permit #: MS6W15380
 Driller: Lyman Well
 Date completed: NA

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>GPA</u> <u>MS</u> <u>39501</u>	_____ 1/4 _____ 1/4 Sec <u>14</u> Twn <u>5S</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 Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40HP</u>
Date Pump Installed: <u>NA</u>	Setting Depth: <u>100'</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 Electric Measuring Line Steel Tape
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 Lader 0640
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer