

State Well Report

Part I - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

County: Harrison
 Permit #: NA
 Driller: Lyman Well
 Date drilling completed: 3/24/11

For Office Use Only:
 Aquifer: M 9/66
 Well #: _____
 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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>Coast Coliseum</u> Mailing Address: <u>2350 Beach Blvd</u> <u>Biloxi</u> <u>MS</u> <u>39531</u> City State Zip Code Telephone No. <u>228</u> <u>594</u> <u>3700</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>30.23.34</u> Longitude: <u>85.58.35</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>R</u> <u>1/4</u> <u>R</u> <u>2/4</u> Sec <u>34</u> Twn <u>7S</u> Rng <u>10W</u> Distance Direction Nearest Town _____ Miles _____ of _____</p>
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Well / Borehole Data

Date drilling started: 3/21/11 Date drilling completed: 3/24/11 Hole depth: 700 Hole diameter: 7 7/8

Location of the source of any surface water used for drilling: City of Biloxi
 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 _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____

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

Static Water Level: 47' feet above or below (circle one) land surface Date measured: 3/23/11

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

Well depth: 695 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 655 feet Casing diameter: 4 inches Type of casing: steel

Screen length: 40 feet Screen diameter: 3X5 inches Type of screen: Munipack 55

Screen slot size: 10/12 inches Setting depth: From 655 feet to 695 feet

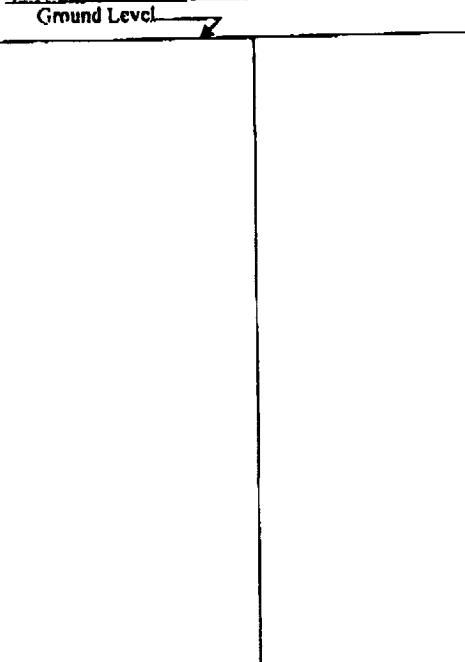
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

M966

The sketch below only required for water wells

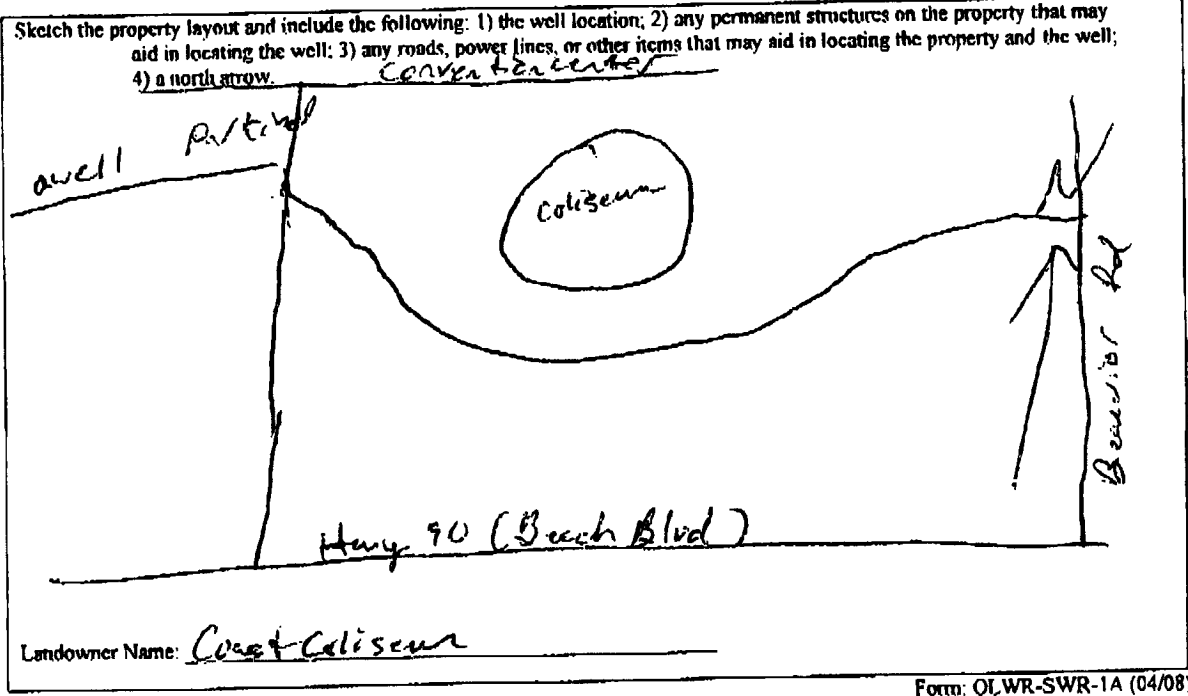
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground Level	60
Clay	60	260
Sand + shells	260	400
Clay	400	600
Fine sand	600	650
med. ungsand	650	ND

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A (04/08)

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.

Josh Hodner 0-640 4/4/11
Print Name of Responsible Licensee and License No. Date

[Signature]
Signature of Licensee

STATE WELL REPORT

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
 (601)961-5210
 (601)961-5228 (Fax)

For Office Use Only:

Aquifer: M 966
 Well #: _____
 Elevation: _____

County: Harrison
 Permit #: NA
 Driller: Lyman Well
 Date completed: 3/24/11
 Copy information from block on Part 1

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>Coast Caliseum</u>	Latitude: <u>30 23 34 N</u>	Longitude: <u>85 58 35 W</u>	
Mailing Address: <u>2350 Beach Blvd</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Biloxi</u> <u>Ms</u> <u>39531</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____		
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>34</u> T <u>7S</u> R <u>10W</u>		
Telephone No. <u>(228) 594 3700</u>	Distance _____ Miles	Direction _____	Nearest Town _____

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>7.5</u>		
Date Pump Installed: <u>3/24/11</u>			Setting Depth: <u>125</u> feet		
Rated Pump Capacity: <u>85</u> Gallons Per Minute			Number of Stages: <u>12</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>3/24/11</u>	Air Line	<u>Electric Measuring Line</u>	Steel Tape
Static Water Level (A): <u>47</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>52</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of		
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>5</u> feet after <u>4</u> hours of pumping		
Duration of Pump Test (minimum 4 hours): <u>4</u> hours			

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

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

[Signature]
 Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)