

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39208-0031
(601) 961-5210
(601) 354-0938 (fax)

For Office Use Only

Acquit:
Well # A-38
C.S. #
Log #

County: Tunica
Permit # GW 41041
Driller: Delta Drilling Tunica
Date drilling completed: 4-24-06

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>BALLY'S CASINO</u>	Latitude: <u>34 50 640</u> Longitude: <u>90 19 354</u>
Mailing Address: <u>1450 Bally Blvd</u>	Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey
<u>Robinsonville, MS 38664</u>	<input type="checkbox"/> NGS quad <input checked="" type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 NW 1/4 Sec 12 Twp 3 S, Rng 11 W</u>
Telephone No.: <u>(662) 357 1560</u>	Distance: _____ Direction: <u>N</u> Nearest Town: <u>Robinsonville</u>

Well Data

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

Date well drilling started: 4-24-06 Date well drilling completed: 4-24-06

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

Static Water Level: 23 test above (circle one) land surface Date measured: 4-25-06

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

Hole depth: 110 ft Well depth: 110 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Concrete Grout Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .0032 inches Setting depth: From 70 feet to 110 feet

Type of completion (circle all applicable): gravel pack 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: VISUAL

Name of organization running logs: _____

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.

ALAN PYLE 2674 Alan Pyle

Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED

MAY 11 2006

BY: [Signature]

If well telescopes please sketch below and show depths.

A-38

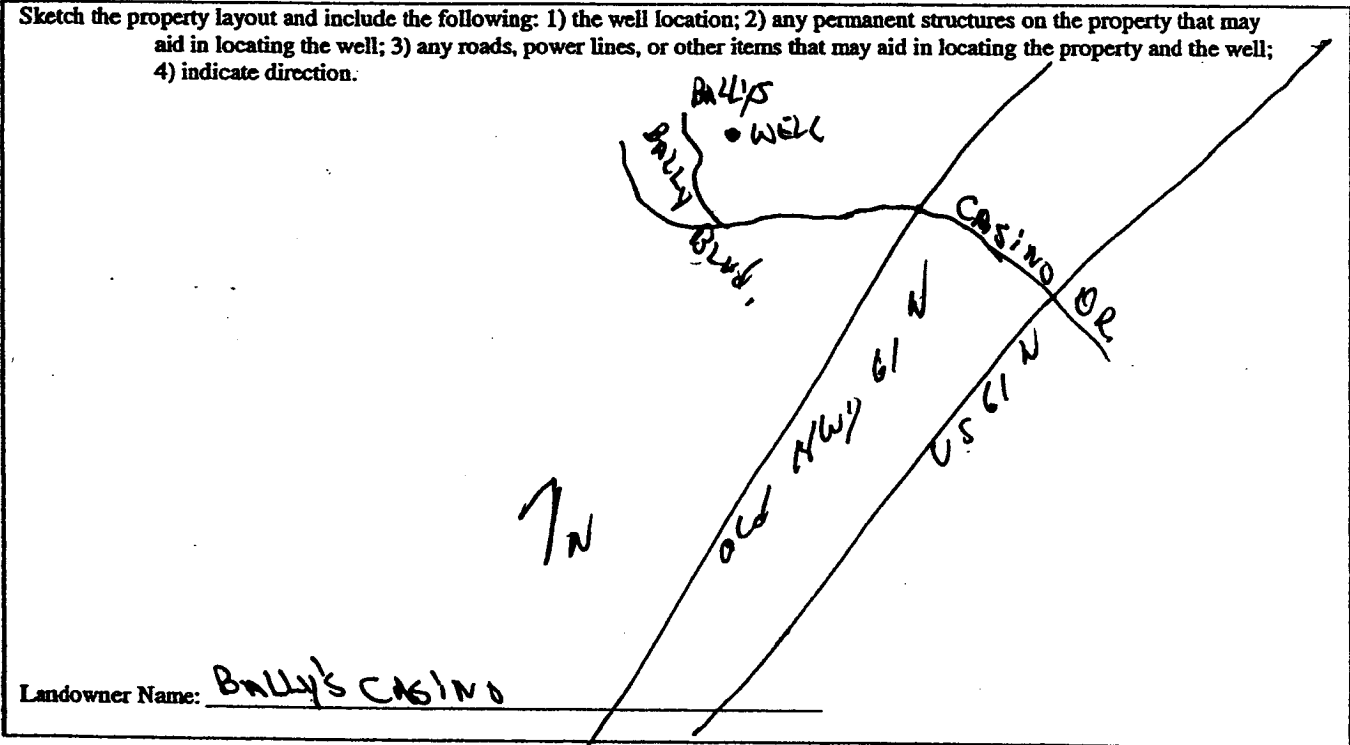
Ground Level

6104110411

Description of Formations Encountered	From	To
VERY FINE SAND	0	60
VERY FINE SAND	60	70
VERY COARSE SAND	70	79
COARSE SAND AND GRAVEL	79	110

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 aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



[Handwritten Signature]

 Signature of Water Well Contractor

RECEIVED
 MAY 11 2005
 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)

County: Mississippi
 Permit #: 000411041
 Driller: Circle S Drilling
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: A-38
 Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>Bally's Casino</u>	Latitude: <u>34-50-640</u> Longitude: <u>090-19-354</u>
Mailing Address: <u>1450 Bally BLVD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Robinsonville, MS 38864</u>	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>12</u> Twn <u>3 S</u> Rng <u>11 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 357-1560</u>	<u>2</u> Miles <u>N</u> of <u>Robinsonville</u>

RECEIVED
MAY 17 2006

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>5-10-06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2200</u> Gallons Per Minute	Number of Stages: <u>2</u>

BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>26</u> 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.

DAVID P. HOLT 0-752 P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer