

# State Well Report

## Part 1 - 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: TUNICA  
Permit #: MSGW-16903 ✓  
Driller: GARNER Houson Wells  
Date drilling completed: 8-3-11

For Office Use Only:  
Aquifer: A 50  
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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>HORSE SHOE CASZNO</u>	Latitude: <u>34° 50' 54"</u> Longitude: <u>90° 19' 53"</u>
Mailing Address: <u>1021 CASZNO CENTER DEWES</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>ROBINSONVILLE MS 37664</u> City State Zip Code	<u>S45</u> ¼ <u>SE</u> ¼ Sec <u>82</u> Twn <u>35</u> Rng <u>11W</u> IR IR 2
Telephone No. <u>(662) 671-5539</u>	Distance <u>2 1/2</u> Miles Direction <u>NW</u> of Nearest Town <u>ROBINSONVILLE, MS</u>

**Well / Borehole Data**

Date drilling started: 8-3-11 Date drilling completed: 8-3-11 Hole depth: 111' Hole diameter: 16"

Location of the source of any surface water used for drilling: NA  
Method of dosing and volume of Chlorine used in drilling and development: NA

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
Name of organization running log(s): NA

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
Seismic Survey \_\_\_\_\_ Other (describe) NA  
*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 NA Other (describe) \_\_\_\_\_

Static Water Level: 12' feet above or below (circle one) land surface Date measured: 8-3-11

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

Well depth: 111' Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 71 feet Casing diameter: 16 inches Type of casing: SDR160

Screen length: 40 feet Screen diameter: 16 inches Type of screen: SDR160

Screen slot size: .032 inches Setting depth: From 71 feet to 111 feet

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

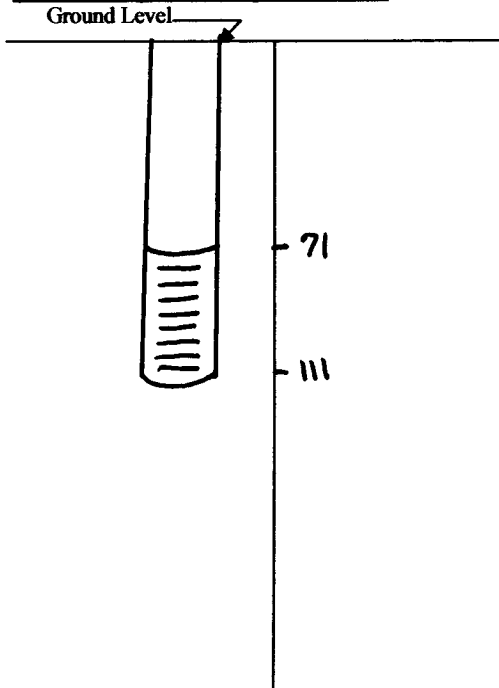
Top of lap pipe or reduction in casing: NA feet. *If telescoped or more than one screen, describe on next page*

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

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

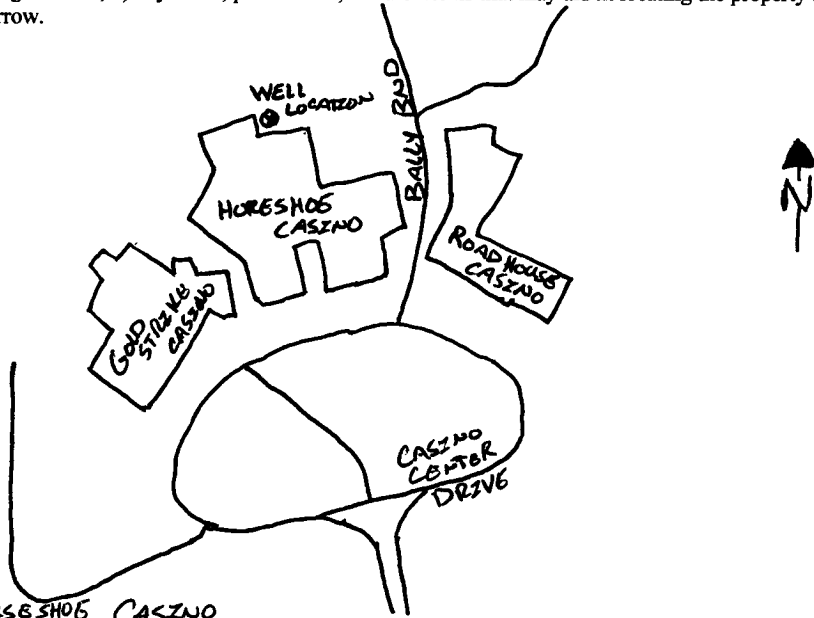


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
BROWN CLAY	Ground Level	28
BLUE CLAY	28	40
GREEN SAND	40	111

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) a north arrow.



Landowner Name: HORSESHOE CASINO

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.

GARNER HOUSTON UUR-0424

8-23-11

Garner Houston

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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# 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)

County: TUNICA  
Permit #: MSGW-16903  
Driller: GARNER HUNTON WELL CO.  
Date completed: 8-5-11

Copy information from block on Part 1

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: A50  
Elevation: \_\_\_\_\_

*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>HORSESHOE CASINO</u>	Latitude: <u>34°50'54"</u> Longitude: <u>90°19'53"</u>
Mailing Address: <u>1021 CASINO CENTER DRIVE</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>ROBERTSONVILLE</u> <u>MS</u> <u>38664</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>S2</u> T <u>3S</u> R <u>11W</u>
Telephone No. <u>(662) 671-5539</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): <u>NA</u>	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>8-5-11</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>8-5-11</u>	Circle one
Static Water Level (A): <u>12</u> Feet Below Land Surface	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Test Pumping Rate: <u>2000</u> Gallons Per Minute	Well yielded <u>NA</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	<u>NA</u> feet after <u>6</u> hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

GARNER HUNTON OWR-0424  
Print Name of Pump Installer and License No. (if applicable)

Garner Hunton  
Signature of Pump Installer

Form: OLWR-SWR-TC (07-09)

AUG 28 2011

BY: OLWR