

County: Bolivar
 Permit #: GW-43713
 Driller: Clarence McMurry
 Date drilling completed: 5-17-12

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)981-5210
 (601)981-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: A148
 L. S. Elevation: _____
 E-log #: _____

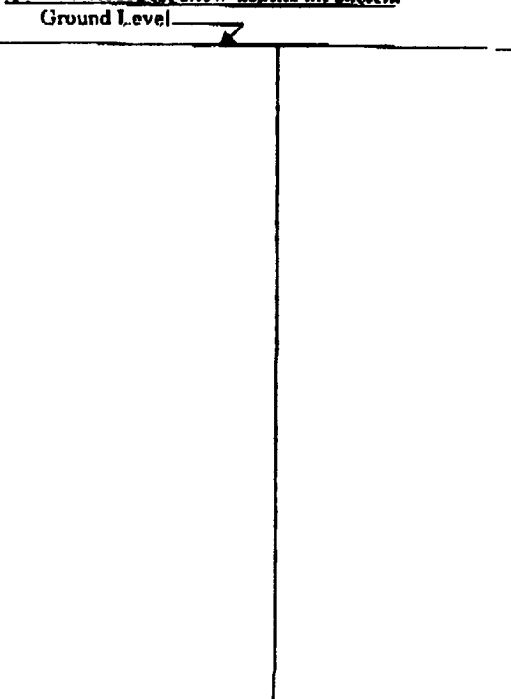
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>IAI USA Fund II, LLC</u> Mailing Address: <u>2004 Fox Dr. Suite L</u> <u>Champaign IL 61826</u> City State Zip Code Telephone No. <u>(601)757-3365</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>N34° 03' 52.74"</u> Longitude: <u>W90° 48' 19.25"</u> Method of Lat/Long (circle one): Conventional Survey USGS quad: <u>Land-held GPS</u> Survey-grade GPS <u>SW 1/4 SE 1/4 Sec 03</u> Twp <u>25N</u> Rng <u>06W</u> Distance Direction Nearest Town _____ Miles _____ of _____ <u>IAI Well #1</u> <u>Circle 5 #1500</u></p>
<p>Well / Borehole Data</p> <p>Date drilling started: <u>5-17-12</u> Date drilling completed: <u>5-17-12</u> Hole depth: <u>126'</u> Hole diameter: <u>26"</u> Location of the source of any surface water used for drilling: <u>Nearby Ditch</u> Method of dosing and volume of Chlorine used in drilling and development: _____ Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe): _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i> Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe): _____ Static Water Level: <u>23</u> feet above or below (circle one) land surface Date measured: <u>5-18-12</u> Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____ Well depth: <u>126'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix Casing length: <u>76</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u> Screen length: <u>30</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.050</u> inches Setting depth: From <u>76</u> feet to <u>126</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: <u>N/A</u> feet <i>If telescoped or more than one screen, describe on next page</i></p>	

A148

The sketch below only required for water wells.

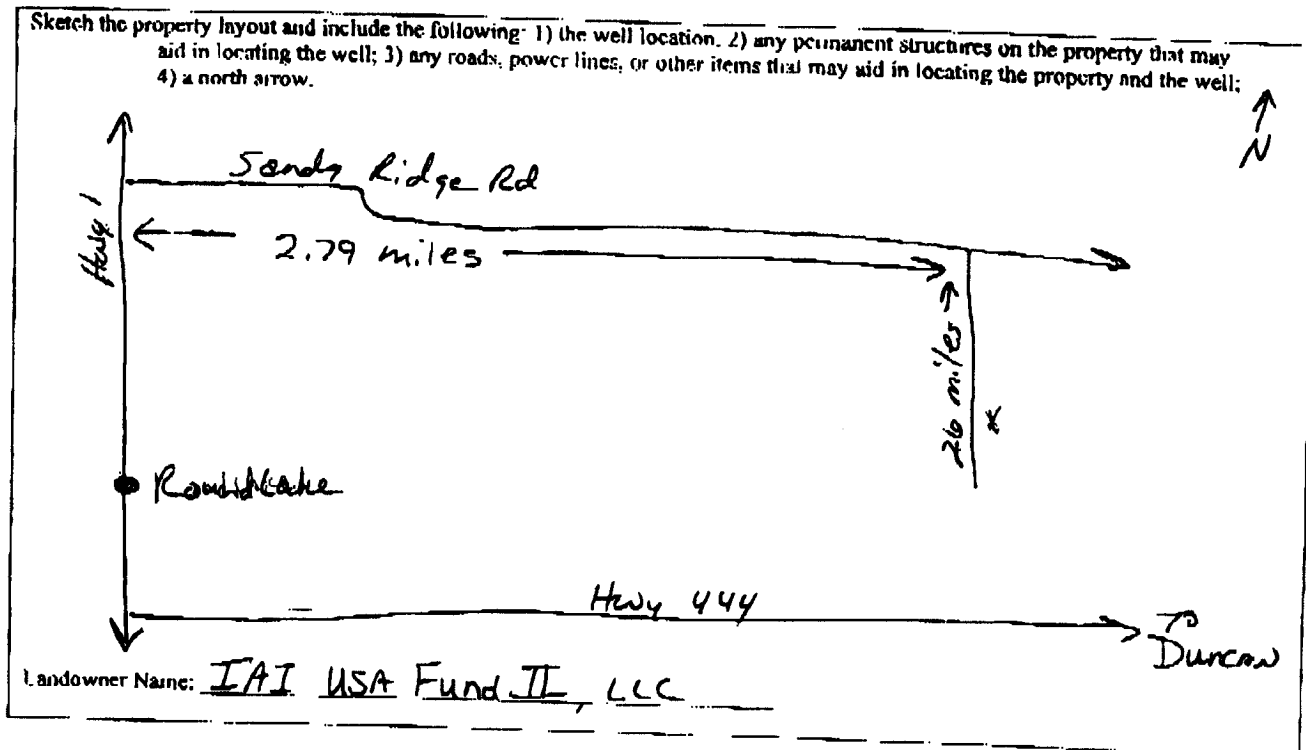
If well telescopes, show depths on sketch.



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)
Fine Sand	Ground Level	13
Clay	13	31
Fine Sand	31	38
Medium Sand	38	58
Medium/Coarse Sand pea gravel	58	87
Medium/Coarse Sand gravel	87	111
Medium Sand	111	116
Medium/Coarse Sand gravel	116	126

If more 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 requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Clayton Miller 0-703
Print Name of Responsible Licensee and License No.

5-21-12
Date

Clayton Miller
Signature of Licensee

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

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 _____
 Well #: A148
 Elevation _____

County: Bolivar
 Permit #: GW-43713
 Driller: Michael Wells
 Date completed: 5-18-12
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>IAI USA Fund II, LLC</u>	Latitude: <u>N34° 03' 52.34"</u> Longitude: <u>W90° 48' 19.29"</u>
Mailing Address: <u>2004 Fox Dr Suite 2</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Champaign IL 61826</u>	USGS quad _____, Hand-held GPS <u>Y</u> , Survey-grade GPS _____
City State Zip Code	_____ % _____ % Sec <u>03</u> T <u>25N</u> R <u>06W</u>
Telephone No. <u>(601) 757-3365</u>	Distance _____ Miles Direction _____ of _____ Nearest Town _____
	<u>H/SPD</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	Electric Motor <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) <u>Gear Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>5-18-12</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>NOT TESTED</u>	Circle one
Static Water Level (A): <u>23</u> Feet Below Land Surface	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	Other (specify): _____
Drawdown ((B) - (A)): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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.

Clayton Miller 0-703 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

STATE OF MISSISSIPPI

Department of Environmental Quality
Office of Land and Water Resources

P. O. Box 2309

Jackson, Mississippi 39225

IAI #1

A148

Job

PERMIT

TO DIVERT OR WITHDRAW FOR BENEFICIAL USE THE PUBLIC WATERS

This permit is issued to the landowner named below in accordance with the provisions of the Mississippi Water Laws, Mississippi Code Sections 51-3-1, et seq. (1972, as amended), and the regulations and standards as promulgated thereunder. Whether or not specifically named in this permit or in the applications for this permit, anyone using water from the diversion/withdrawal point described below shall do so in compliance with the provisions of this permit. Neither this permit, nor any authority conferred hereby, may be sold, conveyed, encumbered, assigned, or otherwise aliened, for any period of time or under any conditions whatsoever. This permit may not be modified, transferred or revoked without prior action by the Permit Board. Any attempt to modify, transfer or revoke this permit, or to take any other action on this permit, shall be invalid and unenforceable and may result in immediate revocation or suspension of this permit. The holder of this permit shall at all times be responsible for adherence to the terms and conditions of this permit. No agreement between the permit holder and any other party shall affect the obligations and liabilities of the permit holder. Water use under this permit is allowed only when the streamflow, lake level elevation, or static groundwater level (whichever, if any, is applicable) is above the established minimum, pursuant to Mississippi Code Section 51-3-7. Authorization is hereby granted to divert/withdraw water for the beneficial use designated herein, and for no other purpose, subject to the following terms, conditions, and limitations:

Permit Number: MS-DW-43713

Landowner Name: IAI USA FUND II LLC

Landowner Address: 2004 FOX DR STE L
CHAMPAIGN IL 61026

Rebel
South of Ship
Ashley Social map
401-757-3365

Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use: IRRIGATION

Diversion/Withdrawal Location: SW 1/4 of the SE 1/4

Section: 03 Township: 25N Range: 06W

County: BOLIVAR

Quad: ROUND LAKE

Maximum Volume: 180 Acre-Feet/Year equivalent to .1607 Million Gallons/Day

Maximum Rate: 3000 Gallons/Minute

Applicant Name: WESTCHESTER GROUP INC

Applicant Address: 2026 GLEN BUCK COVE
GERMANTOWN TN 38139

Date Permit Issued: 09/27/2010

Date Permit Expires: 09/27/2020

Date Permit Modified:

Date Permit Re-issued:

This permit shall be deemed null and void if construction has not begun within one (1) year of permit issue date

SPECIAL TERMS AND CONDITIONS:

Job 12-273

Sam Mabry
Sam Mabry
Office Director