

County: Bolivar
 Permit #: GV-43714
 Driller: Pete Sappington
 Date drilling completed: _____

Well Driller Report and Well Log

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: B 180
 Well #: _____
 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>Westchester Group</u>	Latitude: <u>34° 03' 43.1"</u> Longitude: <u>90° 44' 51.1"</u>
Mailing Address: <u>2026 Glenback Cove</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>German town, TN 38139</u>	<u>42</u> 1/4 NE <u>SE</u> 1/4 Sec <u>6</u> Twn <u>25N</u> Rng <u>5W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>1.1</u> Miles Direction: <u>N</u> of Nearest Town: <u>Duncan</u>
Telephone No. <u>(901) 351-3060</u>	

Well Data

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

Date well drilling started: _____ Date well drilling completed: _____

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

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

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

Hole depth: _____ Well depth: _____ Well grouted to a depth of _____ feet

Type of grout (circle one): Cement Bentonite Mix

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

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

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

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

If well telescopes please sketch below and show depths.

Well drilled by Pete Sappington. Mr. Sappington passed before submitting well log.

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 BY: OLWR



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Dean A. Pennington, PhD
 Executive Director
 P. O. Box 129
 Stoneville, MS 38776
 Tel.: (662) 686-7712
 Fax: (662) 686-9078
 www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

March 17, 2010

**WESTCHESTER GROUP INC
 2026 GLENBUCK COVE
 GERMANTOWN, TN 38139**

RE: Well Drilling / Authorization

Permit No: GW-43714

Dear Westchester Group Inc

This letter is to authorize the construction of a new well that is to be drilled in the Mississippi River Valley Alluvial Aquifer. Your application has been received and is currently being processed. The intended well location for you application is:

Location: Section_06_Township_25N_Range_05W_County_BOLIVAR

A copy of this notice or permit **must be** attached to the State Well Report. This report is a requirement of the State Well Drillers Regulation. A copy of this report **must be** mail or faxed to YMD Joint Water Management District.

Please be sure to complete the application process. **This is a temporary notice until you receive your permit.** If you have any questions please call our office at 662/686-7712.

Sincerely,

Dillard Melton Jr.
 Permitting Director

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
Aquifer: _____
Well #: _____
Elevation: _____

County: <u>BOLIVAR</u>
Permit #: <u>GW-43714</u>
Driller: <u>Pete Suppington</u>
Date completed: _____
<i>Copy information from block on Part 1</i>

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.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Westchester Group</u></p> <p>Mailing Address: <u>2026 Glenbuck Cove</u> <u>Germanata TN 38139</u> <small>City State Zip Code</small></p> <p>Telephone No. <u>(901) 351-3060</u></p>	<p style="text-align: center;">Well Location</p> <p>Latitude: <u>31° 03' 43.16"</u> Longitude: <u>90° 44' 51.11"</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ ¼ _____ ¼ Sec <u>06 T 25N R 5W</u></p> <p>Distance _____ Direction _____ Nearest Town _____ <u>1.1</u> Miles <u>N</u> of <u>Duncan</u></p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift Jet Submersible</p> <p>Bucket Piston <u>Turbine</u></p> <p>Centrifugal Rotary Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>11-9-10</u></p> <p>Rated Pump Capacity: <u>2200</u> Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle one</p> <p><u>Diesel Engine</u> Gasoline Engine Natural Gas</p> <p>Electric Motor Hand Tractor PTO</p> <p>Windmill Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>60</u></p> <p>Setting Depth: <u>70</u> feet</p> <p>Number of Stages: <u>2</u></p>
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<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): _____ Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line Electric Measuring Line Steel Tape</p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

<p><u>DAVID P. HOLT 0-752P</u> Print Name of Pump Installer and License No. (if applicable)</p>	<p><u>[Signature]</u> Signature of Pump Installer</p>
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Form: OLWR-SWR-1B (04/08)

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