

County: Bolivar  
 Permit #: GW-45605-1  
 Driller: Clarence McMurtry  
 Date drilling completed: 5-1-12

**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)961- 5210  
 (601)961- 5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: B184  
 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>Westchester Group, INC.</u>	Latitude: <u>N34° 3' 55.79"</u> Longitude: <u>W90° 44' 35.87"</u>
Mailing Address: <u>2026 Glenbuck Cove</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Germantown TN 38139</u>	USGS quad, <u>Hard-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 05 Twn 25N Rng 05W</u>
Telephone No. <u>(901) 758-0787</u>	Distance Direction Nearest Town
	<u>Westchester Well #2 Circle 5' #1561</u>
<b>Well / Borehole Data</b>	
Date drilling started: <u>5-1-12</u> Date drilling completed: <u>5-1-12</u> Hole depth: <u>123'</u> Hole diameter: <u>26"</u>	
Location of the source of any surface water used for drilling: <u>near by well</u>	
Method of using 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, ship 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: _____ feet above or below (circle one) land surface Date measured: _____	
Method of Measurement (circle one) steel tape electric tape air line other: _____	
Well depth: <u>123'</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>73</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>50</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>73</u> feet to <u>123</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Indurcamed 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>	

*Well Only*



# 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: B184  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: BOLIVAR  
Permit #: GW-45605  
Driller: MID-SOUTH WATER  
Date drilling completed: 4-2012  
*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>Westchester Gray INC</u>	Latitude: <u>34° 3.54.99"</u> Longitude: <u>90° 44.35.87"</u>
Mailing Address: <u>2026 GLENBUCK COVE</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>GERMANTOWN TN 38139</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>1/4 1/4 Sec 5 T 25N R 5W</u>
Telephone No. <u>(901) 351-3060</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>N</u> of <u>DUNCAN</u>

Pump Type	Power Type
Check one	Check one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine	<input 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): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>5-22-12</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity <u>2200</u> Gallons Per Minute	Number of Stages: <u>2</u>

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

This is for (check 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.

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

[Signature]  
Signature of Pump Installer

RECEIVED  
Form: OLWR-SWR-1C (07-09)

JUL 27 2012

BY: OLWR

STATE OF MISSISSIPPI  
Department of Environmental Quality  
Office of Land and Water Resources  
P. O. Box 2309  
Jackson, Mississippi 39225

#7

B184

Job # 12-318

**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-GW-45605

**Landowner Name:** WESTCHESTER GROUP INC

**Landowner Address:** 2026 GLENBUCK COVE  
GERMANTOWN TN 38139

**Source Of Water:** MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

**Beneficial Use:** IRRIGATION

**Diversion/Withdrawal Location:** NE 1/4 of the SW 1/4 **Section:**05 **Township:**25N **Range:** 05W

**County:** BOLIVAR

**Quad:** DUNCAN

**Maximum Volume:** 300 Acre-Foot/Year *equivalent to* .2678 Million Gallons/Day

**Maximum Rate:** 3000 Gallons/Minute

**Applicant Name:** HOLT, DAVID

**Applicant Address:** 420 RAIN STREET  
CLARKSDALE MS 38614

**Date Permit Issued:** 11/30/2011

**Date Permit Expires:** 11/30/2016

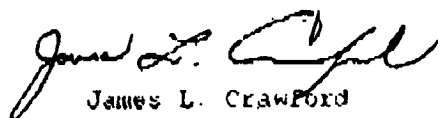
**Date Permit Modified:**

**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:**

**SPECIAL TERMS AND CONDITIONS A:** SEE ATTACHMENT 1, WHICH IS HEREBY DECLARED TO BE PART OF THIS PERMIT.

  
James L. Crawford  
Office Director