State Well Report					
County: Bolivan	Part 1 – Driller's Log	For Office Use Only:			
Permit#: 6W-44058	Mississippi Department of Environmental Qua	lity Aquifer: K/27			
Irrigation Equipment	Office of Land and Water Resources P.O. Box 2309	Well #:			
,	Jackson, MS 39225	i .			
Date drilling completed: 7-21-11	(601)961- 5210 (601)961- 5228 (fax)	L. S. Elevation:			
State I am assuing that the		E-log #:			
Department at the above address	be prepared by the license holder responsible within 30 days of completion of drilling of the	for the work and filed with the			
Information on Well O		or Borehole Location			
(Landowner if borehole is not fo	r a water well)				
Owner Name Westchester	Groun Latitude: 35° 44',	12.4" Longitude: 90 .53 .06.6			
Mailing Address: P.O. Box /	438 Method of Lat/Long (cir	cle one): Conventional Survey,			
_		l-held GPS, Survey-grade GPS			
Claudand W	1. 3 9737 NW 1/4 NW 1/4 Sec	25 Twn 22N Rng 7W 23 Nearest Town of Pace			
Cleveland M City State	Zin Code Distance Direct	23 Norman Town			
•	4 Miles 57	U of Pace			
Telephone No. ()					
	Well / Borehole Data				
Date drilling started: 7-21-11 Date drilling completed: 7-21-11 Hole depth: 122 Hole diameter: 24 h					
	used for drilling: Surface Water				
Method of dosing and volume of Chlorine	used in drilling and development: 50 PPM				
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:					
Purpose of borehole (check one): Water We	ell Geotechnical/Geological Investigation G	round Source Heat Pump			
Seismic Survey Other (describe)					
Purpose of Well (check one): Home Industrial Public Supply Irrigation 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: 122 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix					
Casing length: 82 feet Casing diameter: 16 inches Type of casing: PVC					
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC					
Screen slot size:					
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 next page					

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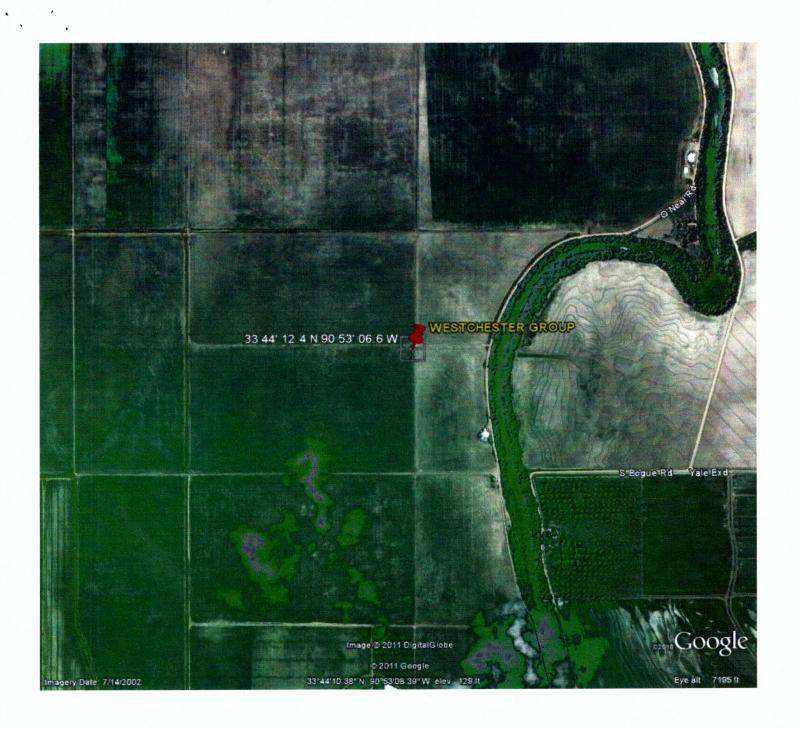
Form: OLWR-SWR-1A (04/08)

Description of formations encountered must be provided for	or al
wells and boreholes, unless specifically exempted by regula	rtion

Clay Ground Level 2.		Decoration of Compations 17.	
Fine Sand to Grave 3 12 12 12 12 12 12 12 12 12 12 12 12 12	•	Description of Formations Encountered From (depth)	To (depth
If more than one screen, show location of each on 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. Form: OLWR-SWR-1A (04/08) Form: OLWR-SWR-1A (04/08)			
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ssippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state	downer Name: <u>Westchester</u>		
ssippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state		Form: OLWR-SWR-12	
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Patrick M. Chism 0695	ify that the well/borehole was drilled, construct	Form: OLWR-SWR-17 ted, and completed in accordance with all applicable requirements of	the
Tactick M. Chism 0095	ify that the well/borehole was drilled, construct	Form: OLWR-SWR-17 ted, and completed in accordance with all applicable requirements of	the
12 70 (3 17 6)	ify that the well/borehole was drilled, construct	Form: OLWR-SWR-17 ted, and completed in accordance with all applicable requirements of	the
Name of Responsible Licensee and License No. Date Signature of Licensee	ify that the well/borehole was drilled, construct	Form: OLWR-SWR-17 ted, and completed in accordance with all applicable requirements of	the

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	O I LE I I I	CLL KEPUKI		
County: FOLIVA2		Part 2	For Office Use Only:	
Permit #: <u>GW- 44058</u>	Pump Installe	r's Completion Report	For Office Ose Only:	
	Office of Lan	ent of Environmental Quality d and Water Resources	Aquifer:	
Driller: IRRIGATEW EQUEPMENT		D. Box 2309		
Date completed: 7-21-11		on, MS 39225	Well #: K127	
Consistential for III to D	•	1)961-5210 961-5228 (fax)	Elevation:	
Copy information from block on Part 1	, ,	1901-3228 (lax)		
This part of the report must be completed by	y a licensed water wel	l contractor or a licensed pump in	nstaller. A copy of Part I of the	
report must be attached and both parts filed	l with the Department	at the above address within 30 de	rys of well completion.	
Well Owner Information		Well Location Latitude: 33. 44. 12.4 Longitude: 90.53.066."		
Owner Name: Westchesk Group				
Mailing Address: 2026 GLENBUCK Cosa		Method of Lat/Long (check one): Conventional Survey		
0	3.1.	1	GPS, Survey-grade GPS	
City State	<u> 38139</u>	NE Distance Direction	T22N R 7W	
City State	Zip Code	NE Distance	3	
001 271 3	•			
Telephone No. (90/) 351- 306c)	4 Miles 55W of	PACE	
	THE			
Pump Type		3	790	
Circle one			er Type cle one	
. 710			ole one	
Air Lift Jet S	ubmersible (Diesel Engine Gasoline	Engine Natural Gas	
Bucket Piston T	urbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary F	lowing Well	Windmill Other (s	pecify):	
Other (specify):		Horse Power Rating of Motor:		
Date Pump Installed: 1-25-[]		Setting Depth:		
		1		
ated Pump Capacity: 3000 Ga	llons Per Minute	Number of Stages:		
Pump Test Data		Method of Meas	uring Water Level	
ate Well Tested:			ele one	
		Air Line Electric Measu	ring Line Steel Tape	
atic Water Level (A):Feet Bel	ow Land Surface		·	
umping Water Level (B):Feet Belo	w Land Surface	Other (specify):		
rawdown [(B) – (A)]:Feet Bel	ow Land Surface	For flowing well, measured shut	in head:feet	
est Pumping Rate:Gal	lons Per Minute	Well yielded	GPM with a drawdown of	
uration of Pump Test (minimum 4 hours):	hours	feet after	hours of pumping	
			<u> </u>	
(IEDEDA OFDETTY)			11/1/11/10	
TEREBY CERTIFY that the above statements	_	my knowledge.	LG)[[[h	
LANID PHOIT (1-752P		A HADI	
nt Name of Pump Installer and License No. (i		Signature of Pump Insta	ller OEPE	

Signature of Pump Installer

ller Form: OLWR-SWR-18 (04/08)