_	State W	ell Report	······································
County: Sunflower	Part 1 – I	Driller's Log	For Office Use Only:
Permit #:GW43665 √	Mississippi Departmer Office of Land a	nt of Environmental Quality nd Water Resources	Aquifer: M 132
Irrigation Equipment Driller: 3-27-2010	P.O.	Box 2309	Well #:
3-27-2010 Date drilling completed:	(601)	n, MS 39225 961- 5210	L. S. Elevation:
	(601)967	1- 5228 (fax)	E-log #:
State Law requires that this report	t be prepared by the lice	ense holder responsible for t	he work and filed with the
Department at the above address Information on Well O	within 30 days of comp	eletion of drilling of the well	or borehole.
(Landowner if borehole is not fo	r a water well)		rehole Location
Billups North Planta OwnerName			" Longitude. <u>40.47,28</u> "
Mailing Address: 405 Park Av	e, Suite 901	Method of Lat/Long (circle on	• •
		USUS duad, Hand-heid	GPS, Survey-grade GPS
<u>New York N</u> City State	Y 10022	<u>SW 1/4 SW 1/4 Sec 22</u>	$\sqrt{T_{wn}19N}$ $\sqrt{R_{ng}}$ 5W
City State 212-826-940 Telephone No. ()	0	Distance Direction Miles	Nearest Town of Indianola
Det 1:11 3-27	Well / Bore		
Date drilling started: $3-27$ Date dril			Hole diameter: 24"
Location of the source of any surface water Method of dosing and volume of Chlorine	used for drilling: <u>S</u> used in drilling and develo	urface Water opment: <u>50 PPM</u>	
Logs run (circle all applicable): No log run Name of organization running log(s):			
Purpose of borehole (check one): Water We	ll <u>x</u> Geotechnical/Geolo	ogical Investigation Ground	Source Heat Pump
Seismic	urveyOther (describe)	, skip the remainder of this blo	ck
Purpose of Well (check one): Home Inc	dustrial Public Supply	Irrigation X Fish Culture	Other:
If a flowing well, method of flow regulation			
	Ň	and surface Date measured:	
	el tape electric tape		· · · · ·
Well depth: <u>127</u> Well grouted to a dept			
Casing length: <u>87</u> feet Casing			
Screen length: <u>40</u> feet Screen	diameter: <u>16</u>	_inches Type of screen:	pvc
Screen slot size: <u>.050</u> inches	Setting depth: From	<u>88</u> feet to <u>1</u>	27feet
Type of completion (circle all applicable):	Gravel packed Underro	eamed Telescoped Open h	ole Natural Development
· ·	Other (describe):		
Top of lap pipe or reduction in casing:			
	1		Form: OLWR-SWR-1A (04/08)

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Contact Person: David Fisher/662-686-7807

Note: Pump information is provided, pump has not been installed because of landforming.

States and the second

The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level

GW43665

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

Description of Formations Encountered	From (depth)	To (denth)
Clav	Ground Level	28
Fine Sand		38
Fine Sand/gravel	$\frac{29}{39}$	1 29 -
Med. Sand/gravel	<u>1 - 50 -</u>	+ 102 -
Med. Sand	104	$\frac{103}{112}$
Med. Sand/gravel	113	
	<u> </u>	127
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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. Billups North Plantation Landowner Name:

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.

Patrick M. Chism

Print Name of Responsible Licensee and License No.

Date

0695

Signature of Licensee

County: Different is completed in the second s		STATE W	ELL REPORT	
Irrigation Equipment Dillection Second and Water Resources P.O. Box 2300 P.O. Box 2300 Date completed 3-27-2010 Car Information from block on Bort P.O. Box 2300 This port 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 completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 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 completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 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 completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 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 completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 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 completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 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 and the boy and the part of the report must be and the part of the report must be and the part of the report must be and the part of the report of the report of Part 2 is the part of the report of the	County: Sunflower	Part 2		For Office Use Only:
Date completed: 3-27-2010 Date completed: 3-27-2010 Care information: Box 2309 Pice completed: 3-27-2010 Care information: Box 2309 Pice completed: 3-27-2010 Care information: Box 2309 Pice completed: and Water Resources Well Completed: and Well Completed: Mailing Address: 405 Park Ave, Suite 901 Method of Lat/Long (check one): conventional Survey-grade GPS SW up Completed: SW up Sec 22 T 19N R New York NY 100222 City State City State Zip Code City State Submessible Bucket Pison Pannp Type Citrice one	Irrigation Equipment	Pump Installer's Completion Report		
Care Information than Meck an Part 1 (601)961-3218 (fax) Hermation: 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 completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be completed by a licensed water well contractor or a licensed pump installer. Billups Morth Plantation LLC Mailing Address: Well Jestilier. A copy of Part 1 of the report must be completed by a licensed water well contractor or a licensed pump installer. Mailing Address: 405 Park Ave, Suite 901 Mailing Address: 10022 City State Zity State Distance Ginoline Engine New York NW Distance State State Pamp Type Circle one Circle one Natural Gas Bucket Piston Corele one State State		P.O. Box 2309 Jackson, MS 39225		
Core Information from Neck on Part 1 (601)961-5228 (fmx) 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 completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be completed by a licensed water well contractor or a licensed pump installer. Billups North Plantation LLC Well Orgent Information Mailing Address: 405 Park Ave, Suite 901 Mailing Address: 405 Park Ave, Suite 901 Mailing Address: New York NY 10022 City Site City Site Zi2-826-9400 Distance Distance Direction New York Ny Sec Year Pype Circle one Circle one Circle one Air Lift Jet Suket Piston Pamp Type Circle one Centrifugal Rotary Rotary Flowing Well Windmill Other (specify): Hore Power Rating of Motor: 60 Date Well Tested: Gallons Per Minute Nearest Data Method of Measuring Line Static Water Level (R): Feet Below	Date completed: $3-27-2010$			
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 attended and body part filed with the Department at the above address within 30 dogs of well completion. Billups North Plantation LLC Well Joestian Owner Name:	Corr information from block on Part 1	(601) (601)96	961-5210 91-5228 (fax)	
Billups North Plantation LLC Interview and stand of a day of all completion. Well Correct Information Well Correct Information Owner Name: 405 Park Ave, Suite 901 Mailing Address: 405 Park Ave, Suite 901 Mailing Address: 405 Park Ave, Suite 901 New York NY 10022 State Zip Code City State 212-826-9400 SW % Sec 22 T 19N R Distance Or Indianola Nearest Town Miles Or Indianola Mailing Address: Submersible Bucket Piston Curde one State Distance Or Indianola Certifugal Rotary Flowing Well Windmill Other (specify): Other (specify):	This part of the report must be completed	l In a Roman to some		L
Well Joesties Well Joesties Well Joesties Mailing Address: 405 Park Ave, Suite 901 Mailing Address: 405 Park Ave, Suite 901 Latitude:: Longitude:: New York NY 10022 New York NY 10022 Widthead GPS_, Survey-grade GPS_ New York NY 10022 State Zip Code State Zip Code Telephone No. 212-826-9400 Distance Direction Nearest Town Miles of Indianola Sw % Sec 22 19N R Power Type Circle one Circle one Air Lift Jet Submersible Bucket Pison Turkine Electric Motor Hand Tractor PTO Circle one Gallons Per Minute Windmill Other (specify): Other (specify): Date Pump Installed: Ranp Test Data Method of Measuring Water Level Date Well Tested: Feet Below Land Surface New Well Replacement of Existing Pump Power Spec	Wall Owner T-former		a me above address within 50 ac	tys of well completion
Mailing Address: 405 Park Ave, Suite 901 Latitude: Longitude: Mailing Address: 405 Park Ave, Suite 901 Method of Lat/Long (check one): Conventional Survey_made GRS_ State Zip Code New York NY 10022 State Zip Code Survey-grade GRS_ SW % SW % Sec_22_T 19N SW City State Zip Code Sime Zip Code Telephone No. 212-826-9400 Direction Nearest Town Miles Pamp Type Circle one Circle	Billups North Plan	tation LLC	Well	Location
Method of Lat/Long (check one): Conventional Survey New York NY 10022 City State 212-826-9400 With Jet Distance Official Submersible Bucket Piston Centrifugal Rotary Flowing Well Other (specify): Date Pump Capacity: 2500± Gallons Per Minute Number of Stages: Date Well Tested: Date Well Tested: Gallons Per Minute Number of Stages: Date Well Tested: Gallons Per Minute Number of Stages: Date Well Tested: Static Water Level (B): Feet Below Land Surface Drawdown (B)-(A)!: Feet Below Land Surface Drawdown (B)-(A)!: Feet Below Land Surface Date Well Tested: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping Test of Circle one): New Well Replacement of Existin	405 5 1 1	e. Suite 901	Latitude:	Longitude:
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Zi 2 - 826 - 9400 Distance Direction Nearest Town Miles	<u> </u>			
Itelephone No.	212-826-940	Zip Code 0		
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Air Lift Jet Submersible Fower Particle one Circle one Circle one Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):			L	
Date Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):	Circle one		Por	ver Type
Centrifugal Rotary Flowing Well Windmill Other (specify):	Air Lift Jet	Submersible		
Centrifugal Rotary Flowing Well Windmill Other (specify):	Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO
Other (specify):	Centrifugal Rotary	Flowing Well	Windmill Other (s	-
Date Pump Installed:	Other (specify):	_	· (
Rated Pump Capacity: 2500± Gallons Per Minute Stelling Depui.	Date Pump Installed:	· ·		
Parage Test Data Number of Stages:	2500+		1	feet
Date Well Tested:		Gallons Per Minute	Number of Stages:	
Static Water Level (A):Feet Below Land Surface Air Line Circle one Pumping Water Level (A):Feet Below Land Surface Air Line Electric Measuring Line Steel Tape Drawdown [(B) - (A)]:Feet Below Land Surface For flowing well, measured shut in head:feet feet Test Pumping Rate:Gallons Per Minute Well yieldedGPM with a drawdown of Duration of Pump Test (minimum 4 hours):hours feet afterhours of pumping This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump Repair of Existing Pump I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Signature of Pump Installer Patrick M. Chism 0695 Signature of Pump Installer	Pump Test Data		Method of Men	suring Water I geal
Control what Level (R).			Cir	cle one
Tumping water Level (B):Feet Below Land Surface For flowing well, measured shut in head:feet Drawdown [(B) - (A)]:Gallons Per Minute For flowing well, measured shut in head:feet Test Pumping Rate:Gallons Per Minute Well yieldedGPM with a drawdown of Duration of Pump Test (minimum 4 hours):hours feet afterhours 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. Patrick M. Chism 0695 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	Static Water Level (A):Feet]	Below Land Surface		uring Line Steel Tape
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