County: Humphreys
Permit #: GW-50927
Driller: Jonathan Gordon
Date drilling completed: 8-27-19

STATE WELL REPORT
Part 1
Driller's Log

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Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:
Well #: B 377
Aquifer:
E-Log #:

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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.

Well Owner Information
(Landowner if borehole is not for a water well)
Owner Name: Dutch Brake Fisheries
Mailing Address: 4024 Money Sunk Rd
Yazoo City MS 39194
City State Zip Code
Telephone No. (662) 571-7213

Well or Borehole Location
Latitude: 33° 15' 39.00" Longitude: 90° 42' 1.00"
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS X, Survey-grade GPS____
NW ¼ SE ¼, Sec 03 T 16N R 05W
6.25 (Distance) Miles W (Direction) of Isola (Nearest Town)

Well / Borehole Data
Date drilling started: 8-27-19 Date drilling completed: 8-27-19 Hole depth: 140' Hole diameter: 26"
Location of the source of any surface water used for drilling: Fish Pond
Method of dosing and volume of Chlorine used in drilling and development:
Logs run (*circle all applicable*): (No log run) Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):
Purpose of borehole (*circle one*): (Water Well) Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (*describe*)

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (*circle all applicable*): Home Industrial Public Supply (Irrigation) Fish Culture
Other (*describe*):
If a flowing well, method of flow regulation: Valve _____ Other (*describe*)
Static Water Level: 30 feet [above or (below) (*circle one*)] land surface Date measured: 8-28-19
Method of measurement (*circle one*): Steel tape (Electric tape) Air line Other (*describe*):
Well depth: 140' Well grouted to a depth of: 10 feet Type of grout (*circle one*): (Neat Cement) Bentonite Mix
Casing length: 100 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 100 feet to 140 feet
Type of completion (*circle all applicable*): (Gravel packed) Underreamed Open hole Natural Development
Other (*describe*):
Top of lap pipe or reduction in casing: N/A feet

If telescoped or more than one screen, describe on next page

County: Humphreys
Permit #: GW-50927

For Office Use Only:
Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

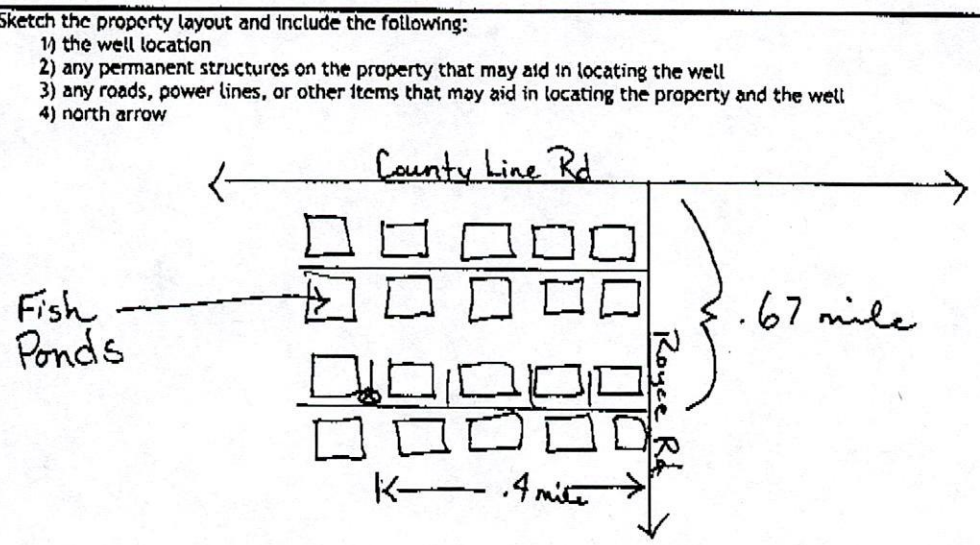
Ground Level

If more than one screen, show location of each 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)
Top Soil & Clay	Ground level	15
Sandy Clay	15	25
Fine Sand	25	35
Fine Sand	35	45
Fine Sand	45	55
Medium Sand	55	65
Medium Sand	65	75
Medium / Coarse Sand	75	85
Medium / Coarse Sand	85	55
Coarse Sand	55	105
Coarse Sand	105	115
Coarse Sand	115	125
Coarse Sand / Gravel	125	135
Gravel	135	140

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) north arrow



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Landowner Name: Dutch Brake Fisheries

I HEREBY 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.

Peyton Overstreet 00008026 — Print/Name of Responsible Licensee and License No.
9-4-19 — Date
Peyton Overstreet — Signature of Licensee

Form: OLWR-SWR-1A (4/13)

STATE WELL REPORT

County: Humphreys
Permit #: GW-50927
Driller: Jonathan Gordon
Date completed: 8-28-19
Copy information from block on Part 1

Part 2
Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:
Well #: B377
Aquifer: _____

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

Owner Name: Dutch Brake Fisheries
Mailing Address: 4024 Money Sunk Rd
Yazoo City (City) MS (State) 39194 (Zip Code)
Telephone No. (662) 571-7213

Well Location

Latitude: 33°15'39.00" Longitude: 90°42'1.00"
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS X, Survey-grade GPS____
NW ¼ SE ¼, Sec 03 T 16N R 05W
6.25 (Distance) Miles W. (Direction) of Isola (Nearest Town)

Pump Type (*circle one*)

Submersible (Turbine) Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (*describe*): _____
Date Pump Installed: 8-28-19 Rated Pump Capacity: _____ Gallons Per Minute
Is This Pump (*circle one*): (New) Repaired Replacement

Power Type (*circle one*)

(Electric) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (*describe*): _____
Horse Power Rating of Motor: 40 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: NOT TESTED Duration of Pump Test (*minimum 4 hours*): N/A hours
Static Water Level (A): 30' Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface
Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: N/A Gallons Per Minute
Method of measurement (*circle one*): Steel tape (Electric tape) Air line Other (*describe*): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: _____
Is This Meter (*circle one*): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Peyton Overstreet 00008026 (Print Name of Pump Installer and License No. (*if applicable*)) 9-4-19 (Date) Peyton Overstreet (Signature of Pump Installer)

Form: OLWR-SWR-1B (4/13)