County: Sunflower Permit #: GW-48066 Driller: Irrigation Equipment Inc. Date drilling completed: 04/09/2015	I Dril Mississippi Departme Office of Land a P.O. Jackson, 1 (601) (601)	ELL REPORT Part 1 ler's Log nt of Environmental Quality nd Water Resources Box 2309 MS 39225-2309 961-5210 60-0535 (fax)	E-Log #:
State Law requires that this report a Department at the above address w Well Owner Informa (Landowner if borehole is not fo Owner Name: Klondike Farms Mailing Address: 86 Holland Road	<i>vithin 30 days of comp</i> tion	Letion of drilling of the well or Well or Latitude: 33 34' 43.1 N Method of Lat/Long (check	for the work and filed with the well or borehole. Borehole Location Longitude: 90 39' 29.9 W one): □ Conventional Survey, eld GPS, □ Survey-grade GPS
Indianola Ms City Stat Telephone No. ()	38751 e Zip code	7 Miles N	4, Sec <u>18</u> T <u>20 N</u> R <u>4 W</u> orth of Indianola ection) (Nearest Town)
Logs run (check all applicable): 🛛 No log Name of organization running log(s): Purpose of borehole (check one): 🖾 W	/ater Well 🔲 Geotechi	nical/Geological Investigation	
If drilling is not related and the second se	ated to water well cons		Fish Culture
If drilling is not related and the second se	ated to water well cons	struction, skip the remainstruction, skip the remainstruction □	Fish Culture
If drilling is not relation Purpose of Well (check all applicable): Other (describe): If a flowing well, method of flow regulation Static Water Level:	ated to water well constrained to water and the set of the set	struction, skip the remainant struction, skip the remainant structure ublic Supply I Irrigation I ublic Supply I Irrigation I Other (describe) I Ind surface I Ind surface Date matrix I Ind surface I Ind surface <td>Fish Culture easured:</td>	Fish Culture easured:
If drilling is not relation Purpose of Well (check all applicable): Other (describe): If a flowing well, method of flow regulation Static Water Level:	ated to water well compared to water well compared to material [] Home [] Industrial [] Home [] Industrial [] n: Valve	struction, skip the remainant struction, skip the remainant structure Iblic Supply I Irrigation I Other (describe) Other (describe) I land surface Date matrix I land surface I land surface Date matrix I land surface I land surface <	Fish Culture easured: ribe) □ Neat Cement ⊠ Bentonite □ Mix of casing: PVC of screen: PVC feet to 127' feet Natural Development

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County: Sunflower Sermit #: GW-48066	Fo: Well #:	r Office Use (K17{	Only:
The sketch below only required for water wells If well telescopes, show depths on sketch.	Description of formations encountered musi and boreholes, unless specifically exempted	by regulations	
Ground level	Description of Formations Encountered	From (depth)	To (depth
	Clay	Ground level	29
	Fine Sand	30	43
	Fine Sand & Gravel	44	52
	Medium Sand & Gravel	53	127

If more than one screen, show location of each on sketch

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Sketch the property	ayout and include the following:		
1) the well locat			
	ent structures on the property that ma	w aid in locating the w	العر
3) any roads, p	ower lines, or other items that may a	d in locating the prop	erty and the well
4) a north arrow	/	a in researing the prop	
,			
			NEUCIVEL
			p
Landowner Name:	Klondike Farms		and the second second second
		······	
		~	Form: OLWR-SWR-1A (04/08)
I HEREBY CERTIFY	that the well/borehole was drilled, co	onstructed, and compl	eted in accordance with all applicable
requirements of the M	Aississippi Department of Environme	ntal Quality and the N	ississippi Department of Health regulations,
if applicable, and stat	te laws.	<	
Patrick Chism	0695	05/28/2015	TC
Print Name of Respo	onsible Licensee and License No.	Date	Signature of Licensee
			Form: OLWR-SWR-1A (4/13)

	1	ELL REPORT	For Office Use Only:
County: Sunflower		ert 2	Well #: <u>K 174</u>
Permit #: GW-48066		Completion Repo t of Environmental Qu	
Driller: Irrigation Equipment Inc.	Office of Land a	nd Water Resources	Aquifer:
Date drilling completed: 04/09/2015	T	Box 2309 AS 39225-2309	
Copy information from block on Part 1	(601)	961-5210	
	(601) 36	60-0535 (fax)	
This part of the report must be complete	d by a licensed water well	contractor or a licensed	pump installer. A copy of Part 1
of the report must be attached and both Well Owner Informa		ment at the above addres	within 30 days of well completion. Well Location
Owner Name: Klondike Farms		Latitude: 33 34' 43.1	N Longitude: 90 39' 29.9 W
Mailing Address: 86 Holland Road		Method of Lat/Long (cho	eck one): 🔲 Conventional Survey,
		🗌 USGS quad, 🛛 Han	d-held GPS, 🔲 Survey-grade GPS
Indianola Ms	38751	NW ½ SI	W 14, Sec 18 T 20 N R 4 W
City Stat			
Telephone No. () -		7Miles	North of Indianola
		(Distance)	(Direction) (Nearest Town)
	Pump Type	(check one)	
Submersible 🗆 Turbine 🗆 Air Lift 🗌 🤇	Centrifugal 🔲 Flowing Wel	ll 🗋 Jet 🗋 Piston 🗋 Rol	tary 🛛 Other (describe):
	-		
	Ra	ited Pump Capacity: 90	Galions Per Minute
Date Pump Installed 04/10/2015 Is This Pump <i>(check one)</i> : New Re Electric Diesel Gasoline Natu	paired Replacement Power Type ral Gas Tractor PTO	(check one) Windmill 🔲 Other (des	cribe):
Date Pump Installed 04/10/2015 Is This Pump (check one): New Rev Electric Diesel Gasoline Natu Horse Power Rating of Motor: 25	ral Gas Setting Depth: 7 Pump Test Data for	(check one) Windmill 🗋 Other (des /0'fe Non Flowing Well	cribe):
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