

County: Holmes
 Permit #: GW 44328
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 6-10-2010

State Well Report
Part 1 - Driller's Log
 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: K141
 Well #: _____
 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.

<p align="center">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i> John Hancock Life Insurance Owner Name: _____ c/o Farmland Management Mailing Address: _____ 362 New Byhalia Rd Collierville TN 39017 City State Zip Code Telephone No. (<u>901</u>) - <u>854-4649</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>33 11 39.6N</u> Longitude: <u>90 13 13.5W</u></p> <p>Method of Lat/Long (circle one): <u>Conventional Survey</u>, USGS quad, Hand-held GPS, Survey-grade GPS SE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec. <u>5</u> Twn <u>15N</u> Rng <u>1E</u></p> <p>Distance _____ Miles _____ Direction _____ of _____ Nearest Town <u>Tchula</u></p>
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Well / Borehole Data

Date drilling started: 6-10 Date drilling completed: 6-10 Hole depth: 121 Hole diameter: 16

Location of the source of any surface water 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: _____

Name of organization running log(s): _____

Purpose of borehole (check 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 (check one): Home _____ Industrial _____ Public Supply _____ Pivot Irrigation _____ Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 10' feet above or below (circle one) land surface Date measured: 6-23-2010

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 121 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 81 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 82 feet to 121 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

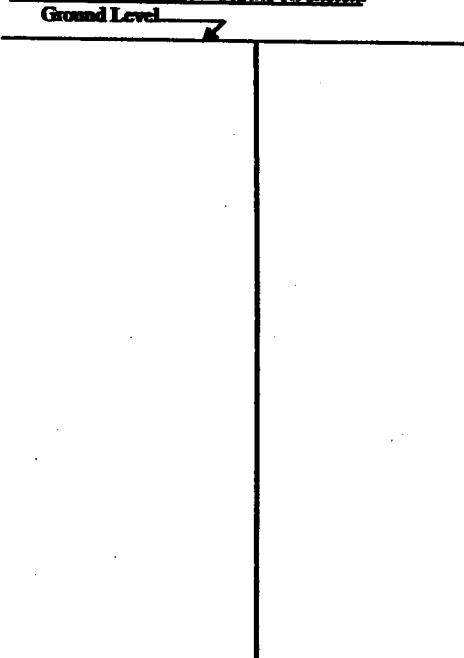
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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

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The sketch below only required for water wells

If well telescopes, show depths on sketch



K141

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)
Clay	Ground Level	23
fine sand	24	43
fine sand/gravel	44	49
Med sand/gravel	50	121

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.

John Hancock Insurance

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 0695 6-28-2010

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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K141

County: Holmes
 Permit #: GW44328
Irrigation Equipment
 Date completed: 6-10-2010
Copy information from block on Part 1

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: _____
 Well #: _____
 Elevation: _____

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>John Hancock Life Insurance</u> <u>c/o Farmland Management</u> Mailing Address: <u>362 New Byhalia Rd</u> <u>Collierville TN 38017</u> City State Zip Code: <u>901-854-4649</u> Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>5</u> T <u>15N</u> R <u>1E</u> Distance _____ Miles Direction _____ Nearest Town <u>Tchula</u>

Pump Type	Power Type
Circle one: Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>6-23-2010</u> Rated Pump Capacity: <u>1500</u> Gallons Per Minute	Circle one: <u>Diesel Engine</u> <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>80</u> Setting Depth: <u>50</u> feet Number of Stages: <u>4</u>

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

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

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