

County: Humphreys
 Permit #: MS-GW-16663
 Irrigation Equipment
 Driller:
 Date drilling completed: 7-24-09

State Well Report

Part 1

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: J127
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

<p>Well Owner Information U.S. Fish & Wildlife Service Owner Name: <u>Panther Swamp NWR</u> Mailing Address: <u>13695 River Road</u> <u>Yazoo City MS 39194</u> City State Zip Code <u>662-746-5060</u> Telephone No. ()</p>	<p>Well Location Latitude: <u>33.01.00.3N</u> Longitude: <u>90.24.42.1W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u>, <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> <u>SW 1/4 NW 1/4 Sec 33 Twn 13N Rng 3W</u> Distance Direction Nearest Town _____ Miles _____ of <u>14N 2W</u></p>
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Well Data old 16" steel well 15' south

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Replacement

Date well drilling started: 7-24-09 Date well drilling completed: 7-24-09

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

Static Water Level: 24' feet above of below (circle one) land surface Date measured: 7-27-09

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

Hole depth: 132 Well depth: 132 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 92 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 93 feet to 132 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 back of page

Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Irrigation Equipment Inc.
 John P. Chism 0439

Print Name of Water Well Contractor and License No. _____

John P. Chism
 Signature of Water Well Contractor

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 BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Humphreys
 Permit #: _____
Irrigation Equipment
 Driller: _____
 Date completed: 7-24-09

For Office Use Only:

Aquifer: _____
 Well #: JL27
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

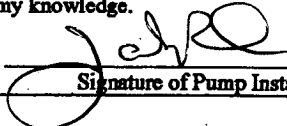
<p style="text-align: center;">Well Owner Information</p> <p> US Fish & Wildlife Service Owner Name: _____ Mailing Address: <u>Panther Swamp NWR</u> <u>13695 River Road</u> <u>Yazoo City MS 39194</u> City State Zip Code <u>662-746-5060</u> Telephone No. () _____ </p>	<p style="text-align: center;">Well Location</p> <p> <u>33 01 00.3N</u> <u>90 24 42.1W</u> Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u>, <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> <u>1/4 1/4 Sec 33 Twn 13N Rng 3W</u> Distance Direction Nearest Town _____ Miles _____ of _____ </p>
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<p style="text-align: center;">Pump Type Circle one</p> <p> Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/> Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>7-27-09</u> Rated Pump Capacity: <u>2800±</u> Gallons Per Minute </p>	<p style="text-align: center;">Power Type Circle one</p> <p> <u>Diesel Engine</u> <input checked="" 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>60</u> Setting Depth: <u>60</u> feet Number of Stages: <u>1</u> </p>
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<p style="text-align: center;">Pump Test Data</p> <p> 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 </p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p> 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 </p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John P. Chism 0439
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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 BY: OLWR