

# 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 #: J-132  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Yazoo 163  
Permit #: OW 39806  
Driller: Charles M. Nichols  
Date drilling completed: 8-8-04

Schuster, Ltd.

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.

Well Owner Information	Well Location
Owner Name: <u>PANTHER SWAMP NAT. WILDLIFE REFUG</u> <u>YAZOOCITY MS</u>	Latitude: <u>32° 50' 00" N</u> Longitude: <u>90° 36' 17" W</u>
Mailing Address: <u>YAZOO NAT. WILDLIFE REFUG</u> <u>PT. 1, BOX 286</u> <u>HOLLANDALE MS 38748</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>NE 1/4 SE 1/4 Sec 4</u> Twn <u>11 N</u> Rng <u>4 W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>9 1/2</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Yazoo City</u>
Telephone No. (____) _____	

## Well Data

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

Date well drilling started: 8-8-04 Date well drilling completed: 8-8-04

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

Static Water Level: 15 ft feet above or below (circle one) land surface Date measured: 8-8-04

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 16 inches Type of screen: pvc

Screen slot size: .035 inches Setting depth: From 80 feet to 120 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: 200 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.

Charles M. Nichols 00667

Print Name of Water Well Contractor and License No.

Charles M. Nichols

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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: J-132

Elevation: \_\_\_\_\_

County: Yazoo  
 Permit #: GW 39806  
 Driller: Charles M. Nichols  
 Date completed: 8-26-04

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

Well Owner Information	Well Location
Owner Name: <u>Panther Swamp Nat. Wildlife Refuge</u> <u>YAZOO CITY MS</u>	Latitude: <u>32° 50' 00" N</u> Longitude: <u>090° 36' 17" W</u>
Mailing Address: <u>YAZOO NAT. WILDLIFE REF.</u> <u>PO Box 256</u> <u>HOLLANDALE MS 38748</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE</u> ¼ <u>SE</u> ¼ Sec <u>4</u> Twn <u>11N</u> Rng <u>4W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>9 1/2</u> Miles <u>SW</u> of <u>Yazoo city</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<u>Diesel Engine</u> Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>8-26-04</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>3000</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

BY: OLWR

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

Charles M. Nichols 0-0667      Charles M. Nichols  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer