• *			
A		ell Report	For Office Use Only:
County: Adams		art 1	
		of Environmental Quality	Aquifer:
Permit #:		nd Water Resources ox 10631	Well #:
Driller: Gary Rayborn	1	S 39289-0631	L. S. Elevation:
Date drilling completed: 61609	(601)9	961-5210	
	(601)354	-6938 (fax)	E-log #:
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the	driller in detail and filed w	rith the Department within
Well Owner Informa	ation	Wel	Location
Owner Name St Catherine		Latitude: 31 • 21 • 49	" Longitude: <u>91.25.01.</u> "
Mailing Address: 76 Pintail	Lane	Method of Lat/Long (circle or	
			I GPS, Survey-grade GPS
Natchez A City Sta	AS 39120		$2 \int_{\text{Twn}} 5N R_{\text{Rng}} 3\omega$
City Sta Telephone No. (601) 442-66		Distance Direction $2,5$ Miles $5,5\omega$	of <u>Sibley</u>
	Well	Data	
Purpose of Well (circle one) Home Ind	dustrial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started:		0	
If flowing, method of flow regulation: Va	alve Other (c	lescribe)	
Static Water Level: <u><u>90</u> feet a</u>	bove of below circle one)	land surface Date measured:	6/16/09
Hole depth: <u>200</u> Well de	* *		
Type of grout (circle one): (Cement)	Bentonite Mix		
Casing length: 160 feet Cas	sing diameter: <u>4 "</u>	inches Type of casing:	PVC
Screen length: <u>40</u> feet Scr	reen diameter:	inches Type of screen:	PVC
Screen length:reet Scr Screen slot size:OIOinches			
		······································	
Type of completion (circle all applicable)): Gravel packed Unde	rreamed Telescoped Ope	n hole Natural Development
	Other (describe):		
Top of lap pipe or reduction in casing:	feet If t	elescoped or more than one so	creen, describe on back of page
Logs run (circle all applicable): No log r	run Electric Gamma Ray	y Density Sonic Neutron	Other:
Name of organization running log(s):			
I certify that the well was drilled, const	tructed, and completed in	accordance with all applicabl	e requirements of the Mississippi
Department of Environmental Quality RAYBORN DRILLING, INC.	and/or the Mississippi De	partment of Health regulation	ns and state laws.
turibonit britzen et me	0-60	•	
Print Name of Water Well Contractor an	d License No	Signature	of Water Web Contractor
Print Name of Water Well Contractor and			RECEIVED
			JUL 0 2 2009
· · · · · ·			BY: OLWR

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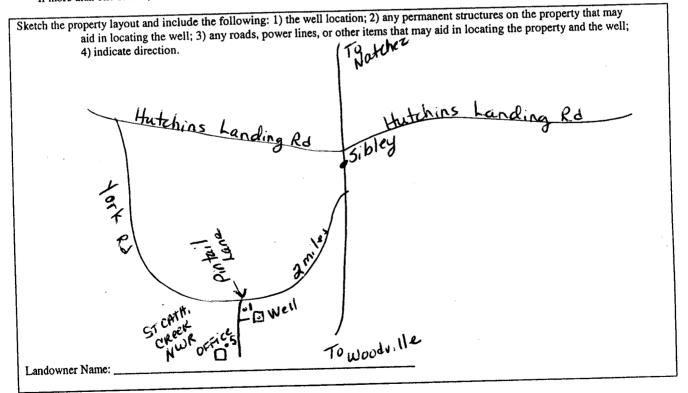
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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	
 CHALK	Ö	87
COARSE Sand	- 87	200
		<u> </u>
		<u> </u>
		<u> </u>
		+
		+

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



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Signature of Water Well Contractor

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	LL REPORT						
County: Adams Pump Installer's Mississippi Department Office of Land ar P.O. Budies Prime P.O. Budies Completed: 6-16-09 (601)354	For Office Use Only: Completion Report of Environmental Quality ad Water Resources ox 10631 S 39289-0631 061-5210 4-6938 (fax)						
This report should be prepared by the pump installer in detail installation of pump. Well Owner Information	Well Location						
Dwner Name: St. Catherine Creek NWR	Latitude: 31° 21' 49" Longitude: 91° 25' 01"						
Mailing Address: <u>76 Pintail Lane</u> <u>Natcher Ms 39120</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>IR 14</u> <u>IR 14 Sec 32 Twn 5N Rng 3W</u> Distance Direction Nearest Town						
Telephone No. (601) 442 - 6696	Miles of						
Pump Type Circle one	Power Type Circle one						
Air Lift Jet Submersible Bucket Piston Turbine	Diesel EngineGasoline EngineNatural GasElectric MotorHandTractor PTO						
Centrifugal Rotary Flowing Well Other (specify):	Windmill Other (specify): Horse Power Rating of Motor:5 HP Setting Depth:189feet						
Date Pump Installed: 62409 Rated Pump Capacity: 60 Gallons Per Minute	Setting Depth:						
Pump Test Data Date Well Tested:6 2409 Static Water Level (A):Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):						
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	For flowing well, measured shut in head:feet Well yieldedGPM with a drawdown of feet afterhours of pumping						
I HEREBY CERTIFY that the above statements are true to the best <u>Cary Rayborn</u> <u>O-60</u> Print Name of Pump Installer and License No. (if applicable)	t of my knowledge. Signature of Pump Installer RECEIVE						

JUL 0 2 2009

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