

# 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 #: J59  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Adams  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 6/16/09

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>St Catherine Creek NWR</u>	Latitude: <u>31° 21' 49"</u> Longitude: <u>91° 25' 01"</u>
Mailing Address: <u>76 Pintail Lane</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Natchez MS 39120</u> City State Zip Code	<u>1R ¼ 1R ¼ Sec 32 Twn 5N Rng 3W</u>
Telephone No. ( <u>601</u> ) <u>442-6696</u>	Distance <u>2.5</u> Miles Direction <u>S, SW</u> of Nearest Town <u>Sibley</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 6/15/09 Date well drilling completed: 6/16/09  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 90 feet above of below (circle one) land surface Date measured: 6/16/09  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 200' Well depth: 200' Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 160 feet Casing diameter: 4" inches Type of casing: PVC  
Screen length: 40 feet Screen diameter: 4" inches Type of screen: PVC  
Screen slot size: .010 inches Setting depth: From 160 feet to 200 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.

**RAYBORN DRILLING, INC.**

0-60

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED

JUL 02 2009

BY: OLWR

**PERSONAL LETTERHEAD**

Name of person (last, first, middle) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Education \_\_\_\_\_

Other \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

NAME \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

Director of the Department of  
 Education  
 100 West 102nd  
 St. New York, N.Y. 10026

NAME \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_



# 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 #: J59  
 Elevation: \_\_\_\_\_

County: Adams  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date completed: 6-16-09

**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>St. Catherine Creek NWR</u>	Latitude: <u>31°21'49"</u> Longitude: <u>91°25'01"</u>
Mailing Address: _____ <u>76 Pintail Lane</u> <u>Natchez MS 39120</u> <small>City State Zip Code</small>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1R</u> $\frac{1}{4}$ <u>1R</u> $\frac{1}{4}$ Sec <u>32</u> Twn <u>5N</u> Rng <u>3W</u>
Telephone No. <u>(601) 442-6696</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u> Bucket      Piston      Turbine Centrifugal      Rotary      Flowing Well Other (specify): _____ Date Pump Installed: <u>6/24/09</u> Rated Pump Capacity: <u>60</u> Gallons Per Minute	Diesel Engine      Gasoline Engine      Natural Gas <u>Electric Motor</u> Hand      Tractor PTO Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>5HP</u> Setting Depth: <u>189</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/24/09</u> Static Water Level (A): <u>90</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: <u>60</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	<u>Air Line</u> Electric Measuring Line      Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>60</u> GPM with a drawdown of _____ feet after _____ hours of pumping

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

Gary Rayborn      0-60  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

**RECEIVED**  
 JUL 02 2009  
 BY: OLWR