

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 #: K-63
L. S. Elevation: _____
E-log #: _____

County: Franklin
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 6-5-2006

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>Gabriel Navar</u>	Latitude: _____° _____' _____" Longitude: _____° _____' _____"
Mailing Address: <u>309 Walter Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>River Ridge LA 70123</u> City State Zip Code	USGS quad: _____ 1/4 _____ 1/4 Sec. <u>9</u> Twn <u>6N</u> Rng <u>5E</u>
Telephone No. <u>(504) 874-1670</u>	Distance <u>2</u> Miles Direction <u>S</u> of Nearest town <u>McCall Creek</u>

Well Data

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

Date well drilling started: 6-5-06 Date well drilling completed: 6-5-06

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 6-5-06

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 80 feet to 100 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
JUN 27 2006
BY: OLWR

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY
5708 SOUTH CAMPUS DRIVE
CHICAGO, ILLINOIS 60637

RAYBURN DRILLING, INC.

If well telescopes please sketch below and show depths.

K-63

Ground Level

Blank area for sketching well telescopes and depths.

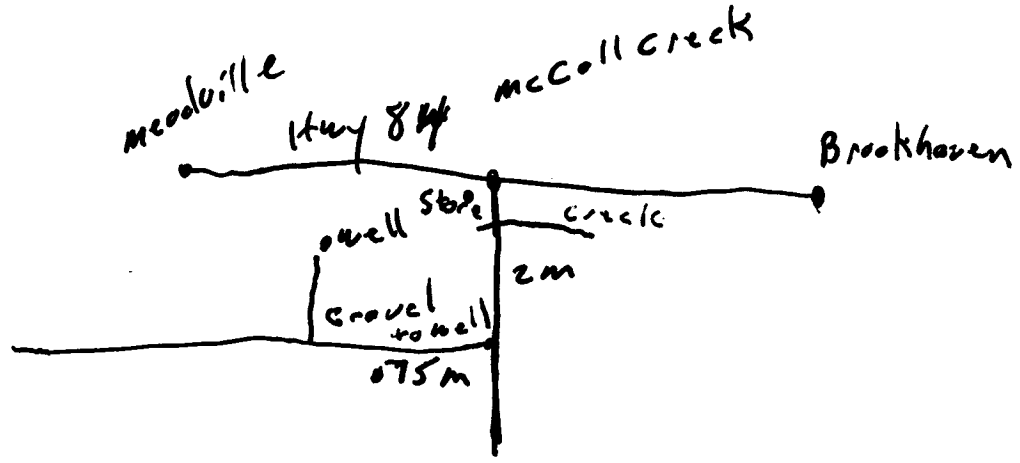
Description of Formations Encountered

From To

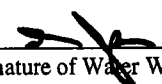
Description of Formations Encountered	From	To
Sand	0	20
Gravel	20	60
Pea Gravel	60	80
sand	80	100

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) indicate direction.



Landowner Name: Gabriel Navar


Signature of Water Well Contractor

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JUN 27 2006
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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 #: K-63

Elevation: _____

County: Franklin
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 6-5-06

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>Gabriel Navar</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>309 Walter Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>River Ridge, LA 70123</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>9</u> Twn <u>6N</u> Rng <u>5E</u>
Telephone No. <u>504) 874-1670</u>	<u>Franklin</u> Direction Nearest Town
	<u>2</u> Miles <u>S</u> of <u>McCall Creek</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>6-5-06</u>	Setting Depth: <u>95</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-5-06</u>	<input checked="" type="checkbox"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>80</u> 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 <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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]
 Signature of Pump Installer

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 JUN 27 2006
 BY: OLWR