

Jackson Dome CO plant

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: D59  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Rankin  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 1-20-14

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information (Landowner if borehole is not for a water well)			Well or Borehole Location		
Owner Name: <u>Darbary Onshore</u>			Latitude: <u>32°24'24.5"</u> Longitude: <u>89°50'26.7"</u>		
Mailing Address: <u>P.O. Box 6506</u>			Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> _____		
<u>Laurel MS</u>			USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City	State	Zip Code	Sec <u>5</u> <sup>24</sup> / <sub>24</sub> NE <sup>27</sup> / <sub>27</sub> Sec <u>36</u> T <u>7N</u> R <u>4E</u>		
Telephone No. (____) _____			<u>5</u> Miles <u>N</u> of <u>Pelahatchie</u>		
			(Distance) (Direction) (Nearest Town)		

**Well / Borehole Data**

Date drilling started: 1-16-14 Date drilling completed: 1-20-14 Hole depth: 570 Hole diameter: 7"  
 Location of the source of any surface water used for drilling: water well on site  
 Method of dosing and volume of Chlorine used in drilling and development: added 12 gallons of bleach  
 Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_  
 Purpose of borehole (circle one):  Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump  
 Seismic Survey  Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (circle all applicable): Home   Industrial  Public Supply  Irrigation  Fish Culture  
 Other (describe): \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 194 feet [above or  below] land surface Date measured: 1-20-14  
 (circle one)  
 Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe) \_\_\_\_\_  
 Well depth: 560 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement   Bentonite  Mix  
 Casing length: 460 feet Casing diameter: 4 inches Type of casing: PVC  
 Screen length: 80 feet Screen diameter: 4 inches Type of screen: PVC Slotted  
 Screen slot size: .0084.010 inches Setting depth: From 460 feet to 560 feet  
 Type of completion (circle all applicable): Gravel packed  Underreamed  Open hole  Natural Development   
 Other (describe): \_\_\_\_\_  
 Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

If telescoped or more than one screen, describe on next page

50' of 8" surface cementing

RECEIVED

BY: [Signature]



# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: Rankin  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 1-20-14  
Copy information from block on Part 1

**For Office Use Only:**

Well #: D59  
 Aquifer: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Danbury Onshore</u>	Latitude: <u>32° 24' 24.5"</u> Longitude: <u>89° 50' 26.9"</u>
Mailing Address: <u>P.O. Box 6506</u> <u>Laurel MS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4, Sec <u>36</u> T. <u>7N</u> R <u>4E</u>
Telephone No. (____) _____	<u>5</u> Miles <u>N</u> of <u>Relatchie</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 2-6-14 Rated Pump Capacity: 55 Gallons Per Minute

Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 7.5 Setting Depth: 240 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 1-20-14 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 194 Feet Below Land Surface Pumping Water Level (B): 204 Feet Below Land Surface

Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 60 Gallons Per Minute

Method of measurement (circle one): Steel tape  Electric tape   Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (circle one):  New  Repaired  Replacement

**RECEIVED**

**BY OLWR**

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

John W Thompson 0-679 2-7-14 John W Thompson  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer