

County: Desoto  
 Permit #: \_\_\_\_\_  
 Driller: Joel Jumper  
 Date drilling completed: 10-1-19

**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  
 (601)961-5210  
 (601)961-5228 (fax)

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 BY OLWR  
 Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*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. 2120 295*

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Rhodes Thompson</u>	Latitude: <u>34° 49' 18"</u> Longitude: <u>90° 04' 12"</u>
Mailing Address: <u>2633 Rising Sun rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Hernando Ms 38632</u> City State Zip Code	<u>NE 1/4 SW 1/4 Sec 17 Twn 35 Rng 8W</u>
Telephone No. <u>(801) 833-8000</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

**Well / Borehole Data**

Date drilling started: 10-1-19 Date drilling completed: 10-1-19 Hole depth: 141 Hole diameter: 6in

Location of the source of any surface water used for drilling: Nearest well

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

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

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

Static Water Level: 76 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 141 Well grouted to a depth of 16 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 20 feet Screen diameter: 4 inches Type of screen: pvc

Screen slot size: 0.10 inches Setting depth: From 120 feet to 141 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

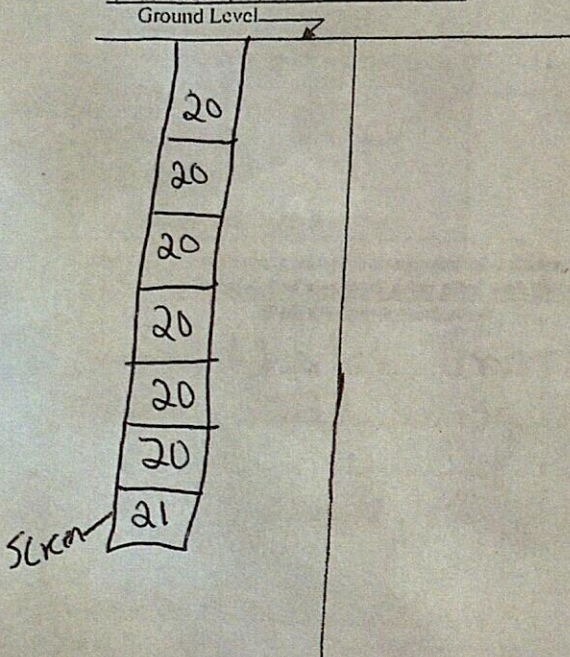
Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top soil	Ground Level	20
gravel	20	40
gravel	40	60
gravel	60	80
sand	80	100
sand	100	120
Course sand	120	141
gumbo		

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) a north arrow.

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Landowner Name: Rhodes Thompson

Form: OI.WR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Joel Jumper 5317      10-2-19  
Print Name of Responsible Licensee and License No.      Date

Joel Jumper  
Signature of Licensee

# 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  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only

Aquifer: \_\_\_\_\_  
 Well #: K 391  
 Elevation: \_\_\_\_\_

County: Desoto  
 Permit #: \_\_\_\_\_  
 Driller: Joel Jumper  
 Date completed: 10-1-19  
*Copy information from block on Part 1*

*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>Rhodes Thompson</u>	Latitude: <u>34-49-18</u> Longitude: <u>90-04-12</u>
Mailing Address: <u>2633 Rising Sun rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hernando Ms 38632</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(901) 833-8000</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.5</u>
Date Pump Installed: <u>10-1-19</u>	Setting Depth: <u>0 to 120</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-1-19</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>76</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>91</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>91</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>90</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

Joel Jumper 5317  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

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2633 Rising Sun Rd

W Oak Grove Rd

Fogg Rd S

Fogg Rd S

