

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)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: B91
Aquifer: _____
E-Log #: _____

County: Desoto
Permit #: MS-GW-17460
Driller: AL Jones
Date drilling completed: 1-15-21

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Walls Water Assn.</u>	Latitude: <u>34° 56' 55.1"</u> Longitude: <u>90° 05' 38.14"</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>6200 Goodman Rd West</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Walls MS 38680</u>	<u>SW</u> ¼ <u>SW</u> ¼, Sec <u>31</u> T <u>1S</u> R <u>8W</u>
City State Zip Code	<u>12</u> Miles <u>East</u> of <u>Hwy 301 on Nail Rd</u>
Telephone No. <u>(662) 781-3722</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>Nov 15</u> ²⁰²⁰ Date drilling completed: <u>Jan 15</u> ²⁰²¹ Hole depth: <u>515'</u> Hole diameter: <u>21"</u>
Location of the source of any surface water used for drilling: <u>City Water</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>HTH</u>
Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): <u>MDEQ logged a test hole (B90) at this site</u>
Purpose of borehole (check one): Water Well <input type="checkbox"/> <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>105'</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>2-24-2021</u> <small>(check one)</small>
Method of measurement (check one) <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>510</u> Well grouted to a depth of: <u>445</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix
Casing length: <u>445</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>Steel</u>
Screen length: <u>60</u> feet Screen diameter: <u>10"</u> inches Type of screen: <u>Rad Based</u>
Screen slot size: <u>.020</u> inches Setting depth: From <u>500</u> ⁴⁴⁵ feet to _____ feet
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input checked="" type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>387</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

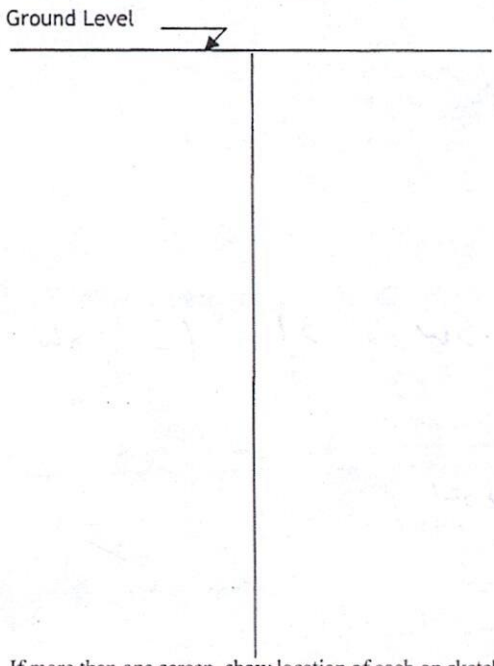
RECEIVED
MAR 19 2021

County: DeSoto
 Permit #: GW 17460

For Office Use Only:
 Well #: B091

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

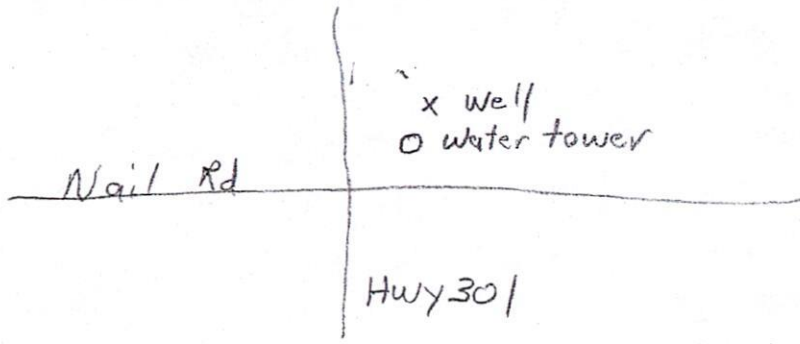


Description of Formations Encountered	From (depth)	To (depth)
Sandy Clay	Ground level	18
Clay	18	37
Sand and Gravel	37	127
Sandy Clay	127	192
Sand	192	230
Clay	230	280
Sand and Clay	280	360
Clay	360	375
Sand	375	510
Sandy shale	510	515

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) north arrow



RECEIVED
 MAR 19 2021
 BY OLWR

Landowner Name: _____

I HEREBY 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.

Clayton Miller 0-703 3-4-2021 Clayton Miller
 Print Name of Responsible Licensee and License No. Date 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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: B91
Aquifer: _____

County: Desoto
Permit #: GW 17460
Driller: Payton Overstreet
Date completed: 3-17-21
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>Walls Water Assn.</u>	Latitude: <u>34° 56' 55.1"</u> Longitude: <u>90° 05' 38.14"</u>
Mailing Address: <u>16200 Goodman Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Walls</u> <u>MS</u> <u>38680</u> City State Zip Code	1/4 _____ 1/4, Sec _____ T _____ R _____
Telephone No. <u>(662) 781-3722</u>	<u>1.2</u> Miles <u>East</u> of <u>Hwy 301 on Alcid Rd.</u> (Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed: 2-24-2021 Rated Pump Capacity: 1000 Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

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

Horse Power Rating of Motor: 100hp Setting Depth: 210' feet Number of Stages: 4

Pump Test Data for Non Flowing Well

Date Well Tested: 2-24-2021 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 102' Feet Below Land Surface Pumping Water Level (B): 142 Feet Below Land Surface

Drawdown [(B) - (A)]: 40 Feet Below Land Surface Test Pumping Rate: 1000 Gallons Per Minute

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: NA feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: Water Specialties Meter Serial Number: 202103164

Meter Model Number/Name: M2040-10 Type of Meter: Propeler

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

Installation Date: 3-17-21 Meter installed by: Mid South Water

Is This Meter (check one): New Repaired Replacement

RECEIVED
MAR 19 2021
BY C. R.

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.

Clayton Miller 0-703 3-17-21 Clayton Miller
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

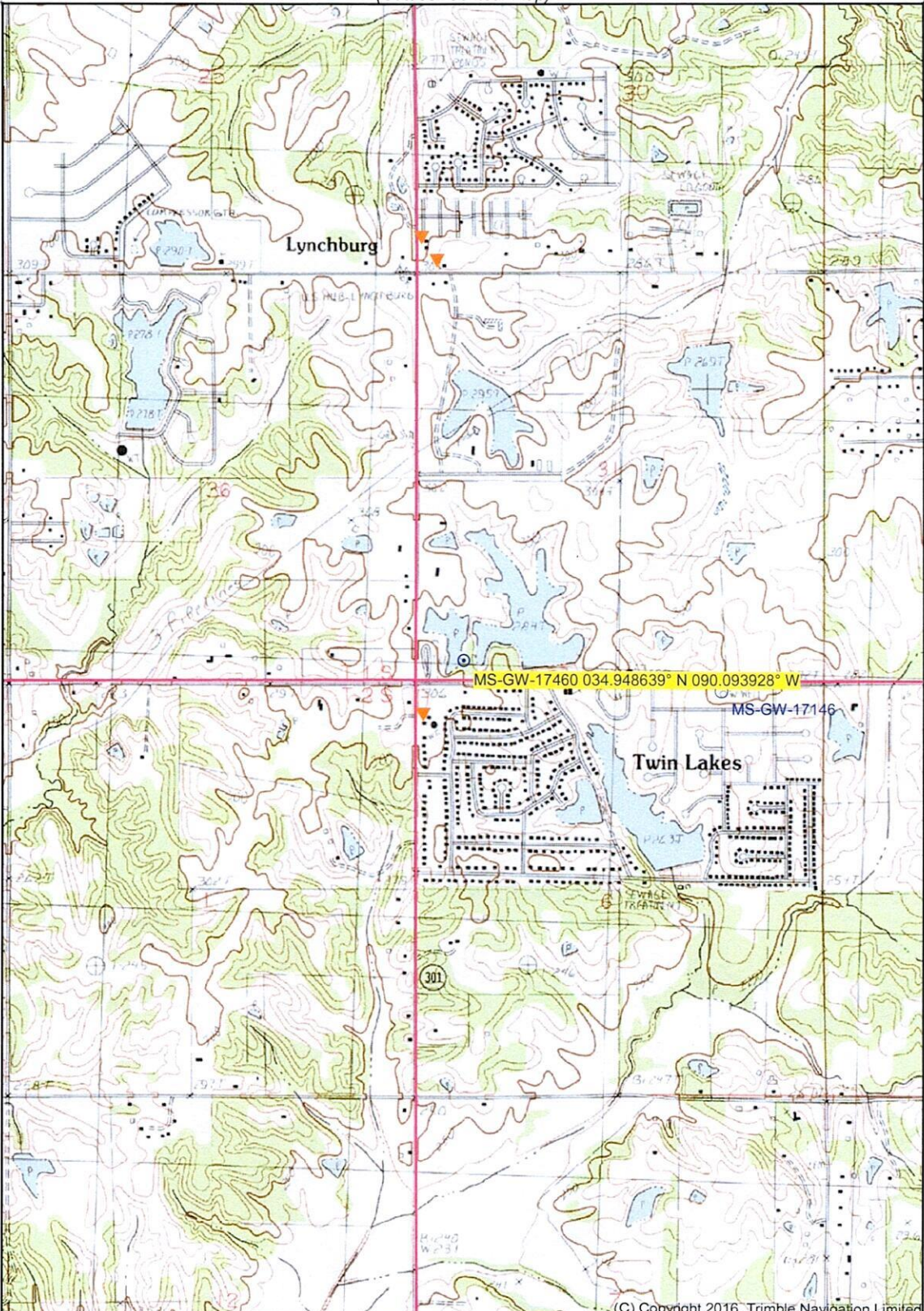
090° 06' 50.3921" W
034° 58' 19.0208" N

(Outdoor Contour Map)

090° 04' 26.0437" W
034° 58' 19.0208" N

(LAKE CORMORANT)

(MOGG MT)



034° 55' 31.4182" N
090° 06' 50.3921" W

034° 55' 31.4182" N
090° 04' 26.0437" W

(C) Copyright 2016, Trimble Navigation Limited
Printed Thu Apr 22, 2021

(BANKS)

(FREES CORNERS)
SCALE 1:24000

(HERNANDO)

Produced by Trimble Terrain Navigator Pro
Topography based on USGS 1:24,000
Maps

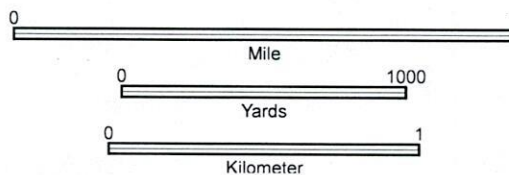
North American 1983 Datum (NAD83)

To place on the predicted North American
1927 move the projection lines 11M N and
8M W

Declination



GN 1.66° E
MN 1.38° W



CONTOUR INTERVAL 10 FT

34090-H1-TM-024
HORN LAKE, MS
JAN 1, 1982