

# STATE WELL REPORT

146

County: TALLAHATCHIE  
 Permit #: GW-50763  
 Driller: CHAD MATTOX  
 Date drilling completed: 6/6/19

**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 #: H 220  
 Aquifer: \_\_\_\_\_  
 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.*

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>FLAUTT FARMS</u>	Latitude: <u>33 56 43.97N</u> Longitude: <u>90 24 27.54W</u>
Mailing Address: <u>PO BOX 237</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input type="radio"/> , Survey-grade GPS <input type="radio"/>
<u>WEBB</u> MS <u>38966</u>	<u>SE</u> ¼ <u>SW</u> ¼, Sec <u>16</u> T <u>24N</u> R <u>2W</u>
City State Zip Code	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. ( <u>662-</u> ) <u>375-2116</u>	

**Well / Borehole Data**

Date drilling started: 6/6/19 Date drilling completed: 6/6/19 Hole depth: 120 Hole diameter: 24"

Location of the source of any surface water used for drilling: \_\_\_\_\_

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

Logs run (check 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 (check 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: 32 feet  above /  below land surface Date measured: 6/6/19  
 (select one)

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

Well depth: \_\_\_\_\_ Well grouted to a depth of: 10 feet Type of grout (select one):  Neat Cement  Bentonite  Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 80 feet to 120 feet

Type of completion (check 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*

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County: TALLAHATCHIE

Permit #: GW-50763

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Well #: \_\_\_\_\_

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level	↙
CASING	20
CASING	20
CASING	20
CASING	20
SCREEN	20
SCREEN	20

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)
	Ground level	10
FINE SAND	10	20
FINE SAND AND CLAY	20	30
FINE SAND AND CLAY	30	40
FINE SAND AND CLAY	40	50
MED SAND AND CLAY	50	60
MED SAND, GRAVEL AND PEA GRAVEL	60	70
MED SAND, GRAVEL AND PEA GRAVEL	70	80
GRAVEL	80	90
GRAVEL	90	100
GRAVEL	100	110
GRAVEL AND PEA GRAVEL	110	120

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

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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.

CHAD MATTOX          UNR 8243          6/21/19          Chad Mattox  
 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 #: H 220  
Aquifer: \_\_\_\_\_

County: TALLAHATCHIE  
Permit #: GW-50763  
Driller: CHAD MATTOX  
Date completed: 6/7/19  
*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>FLAUTT FARMS</u>			Latitude: <u>33 56 43.97N</u> Longitude: <u>90 24 27.54W</u>		
Mailing Address: <u>PO BOX 237</u>			Method of Lat/Long (select one): Conventional Survey <input type="radio"/> ,		
			USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>		
<u>WEBB</u> <u>MS</u> <u>38966</u>			<u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ , Sec <u>16</u> T <u>24N</u> R <u>2W</u>		
City State Zip Code			_____ Miles _____ of _____		
Telephone No. ( <u>662-</u> ) <u>375-2116</u>			(Distance) (Direction) (Nearest Town)		

Pump Type (select one)		
<input checked="" type="radio"/> Submersible <input type="radio"/> Turbine <input type="radio"/> Air Lift <input type="radio"/> Centrifugal <input type="radio"/> Flowing Well <input type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Rotary <input type="radio"/> Other (describe): _____		
Date Pump Installed: <u>6/7/19</u> Rated Pump Capacity: <u>3000</u> Gallons Per Minute		
Is This Pump (select one): <input checked="" type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement		
Power Type (select one)		
<input type="radio"/> Electric <input type="radio"/> Diesel <input type="radio"/> Gasoline <input type="radio"/> Natural Gas <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (describe): _____		
Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>		

Pump Test Data for Non Flowing Well		
Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours		
Static Water Level (A): <u>32</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface		
Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute		
Method of measurement (select one): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> 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): <input type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement		
<i>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>		

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>David P. Holt</u>	<u>0-752P</u>	<u>6/7/19</u>
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer



Don R. Christy, PhD  
Executive Director  
P. O. Box 129  
Stoneville, MS 38776  
Tel.: (662) 686-7712  
Fax: (662) 686-9078  
www.ymd.org

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## Yazoo Mississippi Delta Joint Water Management District

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April 4, 2019

Flautt Farms  
Mike Flautt  
PO Box 237  
Webb, MS 38966

RE: Receipt for Notification of Construction of Replacement Well **MS-GW-50763**  
which will be replacing MS-GW-04619 located at  
Location: SE ¼ of the SE ¼ Section 16 Township 24N Range 02W County Tallahatchie  
Latitude: 335642 Longitude: 902427

Dear Mike Flautt.,

This letter acknowledges your notification to the state that you intend to replace a previously permitted well in the Mississippi River Valley Alluvial Aquifer and that this replacement construction will meet the requirements for a groundwater replacement well specified in 11 Miss. Admin. Code Part 7, Chapter 1, Rule 1.4.F.1 (see attached/back of page). Construction may begin immediately on your replacement well.

Remember that you are still required to submit a permit application (enclosed) for the replacement well within 5 days of construction beginning. You are also required to properly decommission (plug and abandon) the replaced well within 180 days of the replacement well's construction.

A copy of this letter, or a water use permit for the replacement well, **must** be attached to the State Well Report submitted by your driller to MDEQ and they must also submit a copy to YMD, as specified in the Water Well Contractor regulations found in 11 Miss. Admin. Code Part 7, Chapter 2, Rule 2.9.

If you have any questions, please call YMD at 662-686-7712.

Sincerely,

*Dillard Melton Jr.*

Dillard Melton Jr.  
Permitting Director

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3000 w/elec