

# STATE WELL REPORT

147

County: TALLAHATCHIE  
 Permit #: GW-51532  
 Driller: CHAD MATTOX  
 Date drilling completed: 4/1/21

**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 225  
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>FLAUTT FARMS</u>	Latitude: <u>33.944444</u> Longitude: <u>-90.4075</u>
Mailing Address: <u>PO BOX 237</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="radio"/>
<u>WEBB</u> <u>MS</u> <u>38966</u>	USGS quad <u>SW SE ¼ SW ¼, Sec 16 T 24N R 02W</u>
City State Zip Code	<u>2</u> Miles <u>E</u> of <u>SUMNER</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 4/1/21 Date drilling completed: 4/1/21 Hole depth: 115 Hole diameter: 24

Location of the source of any surface water used for drilling: NEARBY WELL

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: 41 feet  above /  below land surface Date measured: 4/1/21

(select one)

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

Well depth: 115 Well grouted to a depth of: 10 feet Type of grout (select one):  Neat Cement  Bentonite  Mix

Casing length: 75 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 70 feet to 115 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-51532

**For Office Use Only:**  
 Well #: \_\_\_\_\_

*The sketch below only required for water wells*

*If well telescopes, show depths on sketch.*

Ground Level →	
15	CASING
20	CASING
20	CASING
20	CASING
20	SCREEN
20	SCREEN

*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
CLAY	10	40
CLAY & COURSE SAND	40	50
COURSE SAND	50	60
COURSE SAND & PEA GRAVEL	60	115

If more than one screen, show location of each on sketch

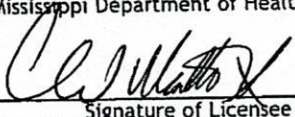
Sketch the property layout and include the following:

- 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

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                      4/1/21                        
 Print Name of Responsible Licensee and License No.                      Date                      Signature of Licensee

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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 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: TALLAHATCHIE  
 Permit #: GW-51532  
 Driller: CHAD MATTOX  
 Date completed: 4/1/21  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: H 225  
 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>FLAUTT FARMS</u>	Latitude: <u>33.944444</u> Longitude: <u>-90.4075</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> MS <u>38966</u>	<u>SW 5E</u> 1/4 SW 1/4, Sec <u>16</u> T <u>24N</u> R <u>02W</u>
City State Zip Code	<u>2</u> Miles <u>E</u> of <u>SUMNER</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Pump Type (select one)**

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

Date Pump Installed: 4/2/21 Rated Pump Capacity: 3000 Gallons Per Minute

Is This Pump (select one):  New  Repaired  Replacement

**Power Type (select one)**

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

Horse Power Rating of Motor: 60 Setting Depth: 80 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): \_\_\_\_\_ 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):  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

*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.*

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

David P. Holt                      0-752P                      4/6/21                        
 Print Name of Pump Installer and License No. (if applicable)      Date                      Signature of Pump Installer

# Untitled Map

Write a description for your map.

Untitled Placemark

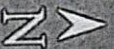
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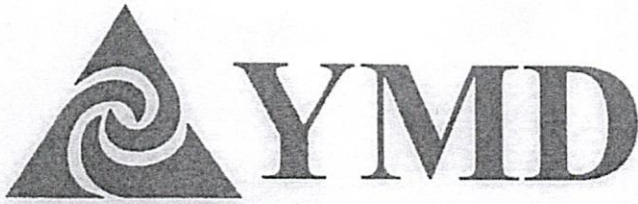
Legend

Google Earth

© 2004 Google

1000 ft





CIRS / Flautt  
20-0878

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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March 31, 2021

**RE: CONSTRUCTION NOTICE**

Flautt Farms  
PO Box 237  
Webb, MS 38966

RE: Receipt for Notification of Construction of Replacement Well MS-GW-51532  
which will be replacing GW-50763 well located at  
Location: SW1/4 of the SW Section 16 Township 24N Range 02W County Tallahatchie  
Latitude: 33.944444N Longitude -90.4075

Dear Flautt Farms:

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.  
Permitting Director

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