

142

# 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 #: 0143  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: TALLAHATCHIE  
 Permit #: GW-5033650337  
 Driller: CHAD MATTOX  
 Date drilling completed: 4/17/18

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>FLAUNT FARMS</u>			Latitude: <u>33 51 47</u> Longitude: <u>90 17 28</u>		
Mailing Address: <u>PO BOX 237</u>			Method of Lat/Long (check one): Conventional Survey _____		
City: <u>WEBB</u> State: <u>MS</u> Zip Code: <u>38966</u>			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
Telephone No. <u>(662) 375-2116</u>			<u>SW</u> 1/4 <sup>NW</sup> <del>SW</del> 1/4, Sec <u>15</u> T <u>23N</u> R <u>01W</u> <u>3/4</u> Miles <u>SW</u> of <u>Swan Lake</u> (Distance) (Direction) (Nearest Town)		

Well / Borehole Data

Date drilling started: 4/17/18 Date drilling completed: 4/17/18 Hole depth: 125' Hole diameter: 24"

Location of the source of any surface water used for drilling: Nearby ditch

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 (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: 26 feet [above or below] land surface (circle one) Date measured: 4/17/18

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

Well depth: 125' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 60 feet to 90 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*

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 BY OLWR

County: TALLAHATCHIE  
 Permit #: FW-50336

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 Well #: Ø143

*The sketch below only required for water wells*

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

*If well telescopes, show depths on sketch.*

Ground Level  $\downarrow$

5'	Casing
20	"
20	"
20	"
20	"
20'	Screen
20	"

Description of Formations Encountered	From (depth)	To (depth)
Top soil	Ground level	10
Clay	10	26
Clay & Fine Sand	26	42
Coarse Sand	42	64
Med Sand + Pea Gravel	64	88
Pea Gravel + Gravel	88	102
Med sand + Pea Gravel	102	125

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      9/1/18      [Signature]  
 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)

County: Tallahatchie  
 Permit #: GW-50336 to 50337  
 Driller: Chad mettox  
 Date completed: 4-17-18  
*Copy information from block on Part 1*

0143

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Well #: 0143 **RECEIVED**  
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**BY OLWR**

*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>Flawt Farms</u>	Latitude: <u>33 51 47</u> Longitude: <u>90 17 28</u>
Mailing Address: <u>PO Box 237</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>Webb</u> <u>MS</u> <u>38966</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SW NW</u> Sec. <u>15</u> T <u>23 N</u> R <u>01 W</u>
Telephone No. <u>(662) 375-2116</u>	<u>3/4</u> Miles <u>SW</u> of <u>swan lake</u>
	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 4-18-18 Rated Pump Capacity: 2200 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: 60 Setting Depth: 70 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

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

Static Water Level (A): 26 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 (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

*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.

DAVID P. HOLT 0-752P 5-10-18  
 Print Name of Pump Installer and License No. (if applicable) Date

  
 Signature of Pump Installer