

# 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)

County: <u>TALLAHATCHIE</u>
Permit #: <u>GW-51412</u>
Driller: <u>CHAD MATTOX</u>
Date drilling completed: <u>3/24/21</u>

<b>For Office Use Only:</b>
Well #: <u>0150</u>
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.*

<p style="text-align: center;"><b>Well Owner Information</b> <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>MICHEAL B FLAUTT</u></p> <p>Mailing Address: <u>PO BOX 237</u></p> <hr/> <p><u>WEBB</u>                      <u>MS</u>                      <u>38966</u> City                              State                      Zip Code</p> <p>Telephone No. (____) _____</p>	<p style="text-align: center;"><b>Well or Borehole Location</b></p> <p>Latitude: <u>33.830290</u>      Longitude: <u>-90.308975</u> <u>33.860277</u>                      <u>-90.279722</u></p> <p>Method of Lat/Long (check one): Conventional Survey <input type="radio"/> _____</p> <p>USGS quad <input type="radio"/> _____, Hand-held GPS <input checked="" type="radio"/> _____, Survey-grade GPS <input type="radio"/> _____</p> <p><u>NW</u> <u>SE</u> <u>SW</u> <u>NE</u> <u>1/4</u> <u>1/4</u>, Sec <u>28 15</u> T <u>23N</u> R <u>01W</u></p> <p><u>1</u> Miles <u>W</u> of <u>GLENDORA</u> (Distance)                      (Direction)                      (Nearest Town)</p>
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<b>Well / Borehole Data</b>
Date drilling started: <u>3/24/21</u> Date drilling completed: <u>3/24/21</u> Hole depth: <u>110</u> Hole diameter: <u>24</u>
Location of the source of any surface water used for drilling: <u>NEABY WELL</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (check all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> 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 type="checkbox"/> Public Supply <input checked="" 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>15</u> feet <input type="radio"/> above / <input checked="" type="radio"/> below land surface      Date measured: <u>3/24/21</u> <i>(select one)</i>
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): _____
Well depth: <u>110</u> Well grouted to a depth of: <u>10</u> feet      Type of grout (select one): <input type="radio"/> Neat Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix
Casing length: <u>70</u> feet      Casing diameter: <u>16</u> inches      Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet      Screen diameter: <u>16</u> inches      Type of screen: <u>PVC</u>
Screen slot size: <u>.032</u> inches      Setting depth: From <u>70</u> feet to <u>110</u> feet
Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>


Form: OLWR-SWR-1A (4/13)

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County: TALLAHATCHIE  
Permit #: GW-51412

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

**The sketch below only required for water wells**  
**If well telescopes, show depths on sketch.**

Ground Level     

10	CASING
20	CASING
20	CASING
20	CASING
20	SCREEN
20	SCREEN

If more than one screen, show location of each 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)
	Ground level	10
FINE SAND	10	40
CLAY & FINE SAND	40	50
MED SAND	50	60
MED SAND & CLAY	60	70
MED SAND, HEAVY SAND & PEA GRAVEL	70	80
HEAVY SAND & PEA GRAVEL	80	100
PEA GRAVEL	100	110

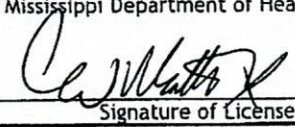
Sketch the property layout and include the following:

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

Circle S Irrigation Inc. to install pump

# 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-51412  
 Driller: CHAD MATTOX  
 Date completed: 3/24/21  
Copy information from block on Part 1

**For Office Use Only:**

Well #: 0150  
 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>MICHEAL B FLAUTT</u>			Latitude: <u>33.830290</u>	Longitude: <u>-90.308975</u>	
Mailing Address: <u>PO BOX 237</u>			Method of Lat/Long (select one): <u>Conventional Survey</u>		
USGS quad <u>          </u> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>			NW <u>SE</u> ¼ SW <u>NE</u> ¼, Sec. <u>28 15</u> T <u>23N</u> R <u>01W</u>		
<u>WEBB</u>	<u>MS</u>	<u>38966</u>	1 <u>W</u> miles of <u>GLENDORA</u>		
City	State	Zip Code	(Distance) (Direction) (Nearest Town)		
Telephone No. ( ) _____					

**Pump Type (select one)**

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

Date Pump Installed: 4/5/21 Rated Pump Capacity: 1600 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: 40 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): 15 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: \_\_\_\_\_

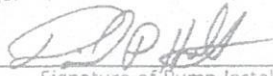
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

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.*

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

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# Untitled Map

Write a description for your map.

## Legend

33.830290, -90.308975

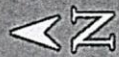
Feature 1

33.830290, -90.308975

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Google Earth

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800 ft



Department of Environmental Quality  
Office of Land and Water Resources

Behind Grain Bins  
20-1172

## CERTIFICATE OF PERMIT COVERAGE

*Under Mississippi's GROUNDWATER WITHDRAWAL GENERAL PERMIT  
TO WITHDRAW groundwater from the Mississippi River Valley Alluvial Aquifer  
FOR the beneficial use of Irrigation, Aquaculture, or Enhancement of Wildlife Habitat*

General Permit: MRVA-002  
Certificate Number: MS-GW-51412

Total Permitted Acreage: 46

Landowner Name: FLAUTT, MICHAEL B  
Landowner Address: PO BOX 237  
WEBB, MS 38966

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER  
Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: NE 1/4 of the SE 1/4 Section: 15 Township: 23N Range: 01W

County: TALLAHATCHIE Quadrangle: GLENDORA

Permitted Acreage: Irrigation: 46 Fish Culture: 0 Wildlife Management: 0

Maximum Volume: See Special Terms And Conditions (attachment I)

Applicant Name: FLAUTT, MICHAEL  
Applicant Address: PO BOX 237  
WEBB, MS 38966

Date Original Permit Issued: 12/16/2020

Date Coverage Expires: 09/24/2025

Date Coverage Modified:

Date Coverage Granted:

### SPECIAL TERMS AND CONDITIONS 1:

See Attachment I which is hereby declared part of this permit.

### SPECIAL TERMS AND CONDITIONS 2:

REPLACEMENT WELL FOR MS-GW-07472

*Kay White*

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