

Quitman
E 31
9-8-67

MISSISSIPPI
BOARD OF WATER COMMISSIONERS
416 North State Street
Jackson, Mississippi 39201

5 Tsk lead
3/19/70 gmc

WATER WELL DRILLERS LOG

E-log #9
CODED

9-8-1967 Layne-Central Co. date well completed firm name county well located

LANDOWNER:
Bigfield Water Association
Marks, Mississippi sa
(mailing address)

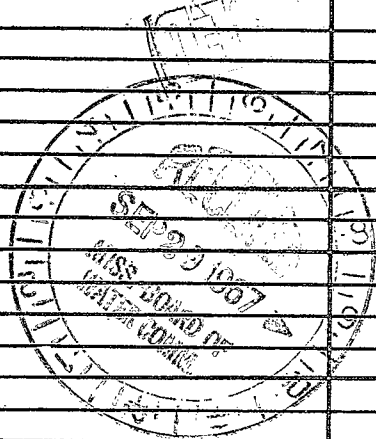
description of formations encountered	from	to
Clay	10	10
sand	96	106
sand-gravel	24	130
sandy clay	10	140
sand	118	258
clay	42	300
sandy clay	139	439
clay & rock	61	500
clay	100	600
sand-clay sts.	67	667
clay-sand sts.	141	808
sand	110	918
clay-sand sts.	20	938

WELL LOCATION:
28.0 ~~W~~ T 28 N R 1 W
(distance) (direction) (nearest town)

WELL PURPOSE: municipal
(home, irrigation, municipal, industrial)

- WELL COMPLETION DATA:
- (1) diameter (inches) 8"
 - (2) total depth (feet) 655'
 - (3) static water level (feet) 6' ^{below} above top of ground.
 - (4) casing steel 605' (material), (depth), 8" (size) if telescope see back.
 - (5) screen 50' 605' (length), (depth to top) 4" stainless steel (size), (material)
 - (6) pump 15 150 (HP), (yield gpm) electric (type power)
 - (7) electric log (yes or no) (organization running log)
 - (8) how well bottom plugged

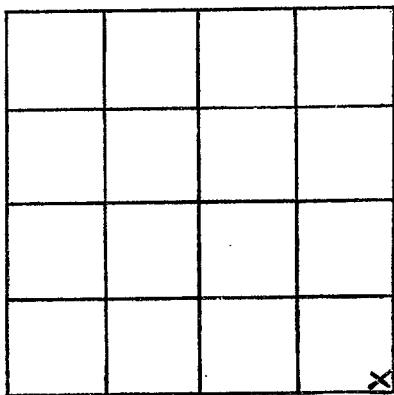
CODED



DRILLERS REMARKS:

If well telescopes please sketch and show depths.

GROUND LEVEL



SECTION 28

Please indicate well location X.

ADDITIONAL INFORMATION

If more than one screen, show locations of each on sketch.

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
(601)961-5210
(601)961-5228 (fax)

County: Quitman
 Permit #: MS-GW-01963
 Driller: _____
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: E31
 Elevation: _____

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>Big Field Water Assn.</u>	Latitude: <u>34° 15' 42.630</u> Longitude: <u>90° 17' 39.768</u>
Mailing Address: <u>P.O. Box 309</u>	Method of Lat/Long (check one): Conventional Survey _____
City: <u>Macks</u> State: <u>MS</u> Zip Code: <u>38646</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. (____) _____	<u>NE</u> ¼ <u>NE</u> ¼ Sec <u>33</u> T <u>28N</u> R <u>1W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>W</u> of <u>Macks, MS</u>

Pump Type	Power Type
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>2-11-16</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>150</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

JH Lockett RPO-00000120 JH Lockett
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

REC'D
 FEB 23 2016
 Form: OLWR-SWR-1C (07-09)

OLWR