WELL SCHEDULE

FIPS: 49
WELL: H199
LOG NO.: 

Permit

Recorded by: Phillips Data Source: Driller's log Date: 8/13/03
County: Hinds Permit No.: GW15510 DOH No.: 
Quad: Jackson Elevation: 353
¼: NE ¾: SW ¼: NW ¼: NW Sec.: 36 T: 6 N R: 1 E

Plotted on quad?: ______ In field? ______ From drillers log? ______ From permit? ______

Latitude: 32°19'28" Longitude: 90°09'25" GPS? 7/30/03 From Quad? ______

Primary aquifer: CKFE Secondary aquifer: Museum of Natural Science, Well #2
Use: FC Well status: ______ Local well name: ms dept. of wildlife, fisheries, & parks
Owner: 

Date completed: 4/21/00 Driller: A-1 Drilling Service Well depth: 300 Hole Depth: 330
Pump type: S Power type: E Pump capacity: 88 HP: 10
Casing interval: 0-262 Casing length: 262' Casing diameter: 6' Casing type: S

Casing interval: ______ Casing length: ______ Casing diameter: ______ Casing type: ______
Screen interval: 259-300 Screen length: 41' Screen diameter: 6' Screen type: SS

Screen interval: ______ Screen length: ______ Screen diameter: ______ Screen type: ______
Type of logs: E, CR Log interval: 

Initial water level: 215 Date: 4/21/00 M.P. description: 

Water Quality Data? ______ Source: ______ Reliability: ______
Water Level Data? ______ Source: ______ Reliability: ______
Pump Test Data? ______ Source: ______ Reliability: ______
Water Use Data? ______ Source: ______ Reliability: ______
**Wells**

**HUNGS**

**DATE WELL COMPLETED** 4-21-00

**NAME & MAILING ADDRESS OF LANDOWNER**

**WELL LOCATION**

**DISTANCE**

**NEAREST TOWN**

**OTHER LANDMARKS**

**WELL PURPOSE**

**WATER FOR AUTOMOBILS**

**WELL DATA**

**Type of Casing**

**Casing Diameter (in.)**

**Casing Length (ft.)**

**Depth to Saturated Water Level**

**Type of Completion**

**Type of Grout (circle one)**

**Screen Data**

**Description of Formations Encountered**

**Formation (Commin.)**

**From (Feet)**

**To (Feet)**

**Screen Type**

**Description of Log Run**

**GEOLOGIC DATA**

**Top of Lap Pipe or Reduction**

**WATER WELL DRILLERS LOG**

**PUMP DATA**

**PUMP TYPE (Circle One):**

**Other (Describe):**

**POWER TYPE (Circle One):**

**Other (Describe):**

**Pump Capacity (GPM):**

**No of Stages:**

**PUMP TEST**

**Well Yielded GPM with drawdown of ft. after hours of pumping.**

**LOG DATA**

**NAME OF ORGANIZATION RUNNING LOG**

**MISSISSIPPI OFFICE OF GEOLOGIC DATA (Office Use Only)**

**DEPT. OF ENVIRONMENTAL QUALITY**

**Top of Lap Pipe or Reduction**

**IF TELESCOPED OR MORE THAN ONE SCREEN USE BACK PAGE**

**MORE SPACE IS NEEDED USE BACK**
Ground Water Permit
General Report

Permit Number: MS-GW-15510

County: HINDS  Owner: MISS. DEPARTMENT OF WILDLIFE, FISHERIES & PARKS
Aquifer: CCKF  USGS No: H0199  BOH No: N/A
Location: NW 1/4 of the NW 1/4 of SEC 36  TWN 06N  RNG 01E  Lat: 321926  Long: 900928
Quad: JACKSON  District: N/A

Date issued: 11-JUL-00  Date Renewed:  Date Expired: 11-JUL-10

Applicant: MISS. DEPARTMENT OF WILDLIFE, FISHERIES & PARKS
Address 1: (MUSEUM OF NATURAL SCIENCE)
Address 2: 2148 RIVERSIDE DRIVE
Address 3: N/A
City: JACKSON
State: MS  Zip: 39202

Driller: A-1 DRILLING SERV

Owner: MISS. DEPARTMENT OF WILDLIFE, FISHERIES & PARKS
Address 1: (MUSEUM OF NATURAL SCIENCE)
Address 2: 2148 RIVERSIDE DRIVE
Address 3: N/A
City: JACKSON
State: MS  Zip: 39202

Maximum Rate: 88
Amount Withdrawn Acre feet: 44.8128
Amount Withdrawn Mgd: .04

Use  Casing  Screen
FISH CULTURE  Type: BLACK IRON  Type: STEEL
Diameter: 6  Diameter: 6
Length: 262  Length: 41
DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR-
PUBLIC SUPPLY WELLS PROJECT

GPS LOG

USER NAME (S): RLB
DATE: july 30-2003353

UNIT DEQ #: ________________________  FILE #: ________________________

HEALTH DEPT.  ELEVATION: 353

USGS #: h199  OLWR #: gw15510

OWNER: ms. Dept. of wildlife and fisheries  QUAD: jackson

LOCATION: nw nw S 36 T 6n R 1e COUNTY: hinds

LOCATION DESCRIPTION: south east corner of museum, employee area

CASING DIA: 6  PUMP TYPE & SIZE: sb

GPS FIELD LOCATION: LAT: 32.32442  LONG: 90.15702

GPS CORRECTED LOCATION: LAT  LONG.

REMARKS: p000924