

9-185
(October 1950)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
WATER RESOURCES DIVISION

337
195
11/2
HILL TOP

WELL SCHEDULE

Date July 15, 1955 Field No. 3
Record by William F. Powell Office No. K39
Source of data SWPC

1. Location: State Miss County Rankin
Map NE NW 1/4 SW 1/4 sec 26 T 5 S R 2 Bldg 44 Hosp #4

2. Owner Miss State Hospital Address Whitfield, Miss
Tenant _____ Address _____
Driller LAFNE CENTRAL Address _____

3. Topography HILL TOP

4. Elevation 337 ft. above M.S.L. (B.M.)

5. Type: Dug, drilled, driven, bored, jetted 1949

6. Depth: Rept 865 ft. Meas _____ ft.

7. Casing: Diam 12 in. to 8 in. Type _____
Depth 785 ft. Finish 80 screen

8. Chief Aquifer _____ From _____ ft. to _____ ft.
Others 149 rept 1956

9. Water level 238 ft. rept 1945 above
INTERMIT 9.0 meas below

10. Pump: Type Turbine Centrifugal 2 stage which is _____ ft. above
Capacity _____ G.M. below surface

Power: Kind Elec. Horsepower 60

11. Yield: Flow _____ G.M. Pump 600 G.M. Meas Rept Est.
Drawdown _____ ft. after _____ hours pumping _____ G.M.

12. Use: Dom., Stock, PS., RR., Ind., Irr., Obs. Hosp.
Adequacy, permanence _____

13. Quality _____ Temp _____ °F
Taste, odor, color _____ Sample Yes

Unfit for _____

14. Remarks: (Log, Analyses, etc.) Pump setting @ 240'
Yield about 250 gpm

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1. Remarks (Log, Anal., etc.)
2. Owner: *Central*
3. Tenant:
4. Location: State: *Ill.* Map: *1* sec. *1*
5. Address:
6. County: *Madison*
7. State: *Ill.*
8. Date: *9-15-50*
9. Well Schedule:
10. Water Resources Division:
11. Department of the Interior:
12. United States:
13. Quantity:
14. Temperature:
15. Drawdown:
16. Pump:
17. Power:
18. Capacity:
19. Type:
20. Depth:
21. Diameter:
22. Construction:
23. Elevation:
24. Driller:
25. Town:
26. County:
27. State:
28. Source of data:
29. Record by:
30. Date:

LAUND.
WELL
DOULER HOUSE

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DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR

PUBLIC SUPPLY WELLS PROJECT

GPS LOG

USER NAME(S): Phillips/Hardin DATE: 7/2/96

UNIT DEQ #: _____ FILE #: _____

HEALTH DEPT. #: 610032-01 Destroyed ELEV. _____

USGS #: K39? CLWR #: GW01555?

OWNER: MS State Hospital/Whitfield QUAD: Whitfield

LOCATION: _____ S _____ T _____ R _____ COUNTY: Rankin

LOCATION DESCRIPTION: _____

CASING DIA: _____ PUMP TYPE & SIZE: _____

GPS FIELD LOCATION: LAT. _____ LONG. _____

GPS CORRECTED LOCATION: LAT. _____ LONG. _____

REMARKS: Well destroyed; bldg now on top of
location