

9-185
(October 1950)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
WATER RESOURCES DIVISION

WELL SCHEDULE

Date JUNE 10, 1959 Field No. _____
Record by P. E. GRANTHAM Office No. 05
Source of data Mr. Reedy

1. Location: State MISS County Calhoun
Map _____
SE 1/4 SE 1/4 sec. 9 T 15 R 1 E
2. Owner: E. I. Reedy Address Vardaman, Miss.
Tenant _____ Address _____
Driller Lovelace Address Vardaman, Miss.
3. Topography HILL TOP
4. Elevation 368 ft. above ALT below _____
5. Type: Dug, drilled, driven, bored, jetted. 1959
6. Depth: Rept. 1559 ft. Meas. _____ ft.
7. Casing: Diam. 4 in., to 2 in., Type _____
Depth 1559 ft., Finish PERFORATED (42')
- | | | |
|--|--|--|
| | | |
| | | |
| | | |
8. Chief Aquifer EUTAW 75 INTO From _____ ft. to _____ ft.
Others _____
9. Water level 130 ft. rept APR 1 1957 above below
_____ which is _____ ft. above below surface
10. Pump: Type Rod Capacity _____ G. M.
Power: Kind ELEC. Horsepower 1 1/2
11. Yield: Flow _____ G. M., Pump _____ G. M., Meas., Rept. Est. _____
Drawdown _____ ft. after _____ hours pumping _____ G. M.
12. Use: Dom., Stock PS, RR., Ind., Irr., Obs. 2 other houses
Adequacy, permanence well destroyed 1959
13. Quality _____ Temp _____ °F.
Taste, odor, color good Sample Yes _____ No _____
Unfit for _____
14. Remarks: (Log, Analyses, etc.) Lignite Tends To Muddy water.

(October 1920) 9-122

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
WATER RESOURCES DIVISION



FIELD NO. _____ DATE _____
 OFFICE NO. _____

NAME OF WELL _____

LOCATION OF WELL _____

1. Latitude State _____
 2. County _____
 3. Township _____
 4. Range _____
 5. Section _____

6. Name of land owner _____
 7. Name of user _____
 8. Name of pump _____
 9. Name of pump _____
 10. Name of pump _____
 11. Name of pump _____
 12. Name of pump _____
 13. Name of pump _____
 14. Name of pump _____

1. Elevation _____ ft. above _____
 2. Elevation _____ ft. below _____
 3. Type: _____
 4. Depth: _____ ft. _____
 5. Capacity: _____ G. M. _____
 6. Horsepower: _____
 7. Field Flow: _____ G. M. _____
 8. Drawdown: _____ ft. after _____ hours pumping _____ G. M. _____
 9. Use: _____
 10. Adequacy, performance _____
 11. Quality _____
 12. Taste, odor, color _____
 13. Sample Yes _____ No _____

FIELD NO. _____ DATE _____

OFFICE NO. _____

NAME OF WELL _____

LOCATION OF WELL _____

1. Latitude State _____

2. County _____

3. Township _____

4. Range _____

5. Section _____

6. Name of land owner _____

7. Name of user _____

8. Name of pump _____

9. Name of pump _____

10. Name of pump _____

11. Name of pump _____

12. Name of pump _____

13. Name of pump _____

14. Name of pump _____

1. Elevation _____ ft. above _____

2. Elevation _____ ft. below _____

3. Type: _____

4. Depth: _____ ft. _____

5. Capacity: _____ G. M. _____

6. Horsepower: _____

7. Field Flow: _____ G. M. _____

8. Drawdown: _____ ft. after _____ hours pumping _____ G. M. _____

9. Use: _____

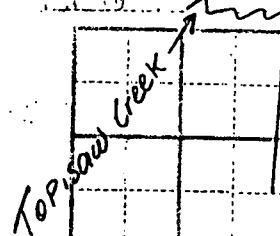
10. Adequacy, performance _____

11. Quality _____

12. Taste, odor, color _____

13. Sample Yes _____ No _____

14. Name of pump _____



Pink house

Chickasaw
COUNTY LINE