

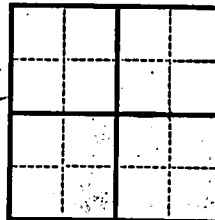
9-185
(October 1950)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
WATER RESOURCES DIVISION

WELL SCHEDULE

Date 4/19/57, 19____ Field No. 16
Record by BEWASSON Office No. H-11
Source of data _____

1. Location: State MISS County CHICKSAW
Map SE 1/4 SW 1/4 sec. 36 T 13 S R 5 E W
2. Owner: PAN AM SERVICE STATION Address EGYPT
Tenant _____ Address _____
Driller H P HERNDON Address SHANNON
3. Topography PRAIRIE
4. Elevation _____ ft. above
below
5. Type: Dug, drilled, driven, bored, jetted _____ 19 46
6. Depth: Rept. 450 ft. Meas. _____ ft.
7. Casing: Diam. 4 in., to _____ in., Type _____
Depth _____ ft., Finish _____
8. Chief Aquifer EUTAW From _____ ft. to _____ ft.
Others _____
9. Water level -150? ft. repts
meas. _____ 19 _____ above
below
which is _____ ft. above
below surface
10. Pump: Type ROD Capacity _____ G. M.
Power: Kind ELE Horsepower 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. SERVICE STATION
Adequacy, permanence PLENTY
13. Quality GOOD Temp _____ °F.
Taste, odor, color _____ Sample Yes
No
Unfit for _____
14. Remarks: (Log, Analyses, etc.) _____



UNITED STATES
 DEPARTMENT OF THE INTERIOR
 GEOLOGICAL SURVEY
 WATER RESOURCES DIVISION

9-182
 (October 1950)

WELL SCHEDULE

Date _____
 Field No. _____
 Office No. _____
 Source of data _____

1. Location: State _____ County _____

Map _____

2. Owner: _____ Address _____

Tenant: _____ Address _____

Driller: _____ Address _____

3. Topography _____

4. Elevation _____ ft. above _____ ft. below _____

5. Type: Dry, drilled, driven, bored, etc. _____

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

7. Capacity: Diam. _____ in., to _____ ft. Finish _____

8. Chief Aquifer: _____ From _____ to _____ ft.

Others _____

9. Water level: _____ ft. Rept. _____ ft. Meas. _____ ft. above _____ ft. below _____

10. Pump: Type _____ Capacity _____

Power: Kind _____ Horsepower _____

11. Field flow: G. M. Pump _____ hours pumping _____ C. M.

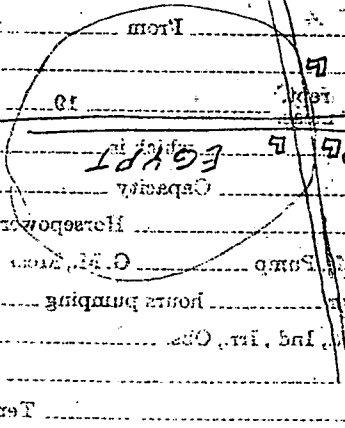
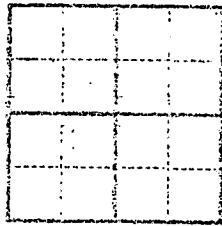
Drawdown: _____

12. Additional: _____

13. Quality: _____

Temperature: _____

14. Remarks: _____



N