

9-185
(October 1950)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
WATER RESOURCES DIVISION

WELL SCHEDULE

Date 8-9-51, 19. Field No. 51
Record by J. M. S. Office No. M2
Source of data W. R. PRESTAGE

1. Location: State MISS County CHICKASAW

Map CHICKASAW CO. HIWAY
NE 1/4 NW 1/4 sec. 26 T 14 N R 5 NW

2. Owner: J. D. PRESTAGE Address EXPT, RT 1

Tenant _____ Address _____

Driller _____ Address _____

3. Topography HILL TOP

4. Elevation 240 ft. above
below

5. Type: Dug drilled, driven, bored, jetted _____ 1956?

6. Depth: Rept. 300+ ft. Meas. _____ ft.

7. Casing: Diam. 4 in., to _____ in., Type _____
Depth _____ ft., Finish _____

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

Others _____

9. Water level 87 ft. above
 below surface
rept. meas. 1951 ft. which is _____ ft. above below surface

10. Pump: Type CLINDER Capacity _____ G. M.

Power: Kind ELEC. Horsepower 3/4

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. 4 HOUSES

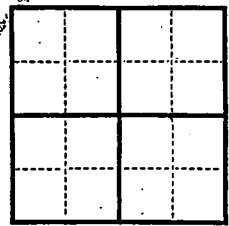
Adequacy, permanence _____

13. Quality GOOD Temp _____ °F.

Taste, odor, color SOFT Sample Yes
 No

Unfit for _____

14. Remarks: (Log, Analyses, etc.) _____



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9-187
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WELL SCHEDULE

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

1. Location: State _____
 County _____
 Township _____
 Range _____
 Section _____

2. Owner: _____
 Tenant: _____
 Title: _____
 Address: _____

3. Topography: _____
 Elevation: _____
 Type of land: _____

4. Direction of flow: _____

5. Depth to water table: _____
 Depth to bedrock: _____

6. Depth to casing: _____
 Depth to pump: _____

7. Casing: _____
 From _____ to _____ ft.

8. Casing diameter: _____

9. Water level: _____
 Date: _____
 Name: _____

10. Pump: _____
 Type: _____
 Capacity: _____
 Horsepower: _____

11. Pump: _____
 Name: _____
 Address: _____

12. Name of operator: _____
 Address: _____

13. Quality: _____
 Taste: _____
 Color: _____
 Turbidity: _____

14. Remarks: _____

