WELL SCHEDULE

U.S. DEPT. OF THE INTERIOR
GEOLOGICAL SURVEY
WATER RESOURCES DIVISION

MASTER CARD

Record by: G.W. Source of data: BOWC Date: 1-16-73 Map: 2-8 County: Desoto, Sequential number: 1

State: GJDI, Latitude: 34° 44' 5'" N, Longitude: 89° 30' 54" W

Local well number: K160-T-10-25-4-8-W, Other number: B & Q

Well owner or name: J.R. GATES, Address: HERMANS

Ownership: City or Corp of, Other:


DATA AVAILABLE: Well data, Freq. Wt meas., Field aquifer char., Hyd. lab. data, Qual. water data, type.

Well data, Pumpage inventory:

Drillers:

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD

Depth well: 159 ft, Depth cased: 120 ft, Casing: 30, Rept accuracy:

Depth based: (first part) 35 ft, Diameter in: 3 in, Type of hole: D, Diam: 35

Finish: porous gravel, gravel, horiz. open perf., screen, ad. pt. on hole, other:

Method: air bored, cable, dog, hyd jetted, air reverse trenching, driven, drive rot., perforation rotary, wash, other:

Date Drilled:

Driller:

Lift:

Power:

Descrip. MP:

Alt. LSD:

Water Level:

Date:

Bore down:

QUALITY OF WATER DATA:

Sp. Conduct:

Taste, color, etc.
HYDROGEOLOGIC CARD

Well No. __________________________

Latitude-longitude N

Physiographic Province: __________

Drainage Basin: _______

Section: _______

Subbasin: _______

Topo of well site: _______

depression, stream channel, dunes, flat, hilltop, sink, swamp,

MAJOR AQUIFER: _______

Lithology: _______

Formation: _______

Origin: _______

Aquifer: _______

Thickness: _______

Length of well open to: _______

Depth to top of: _______

MINOR AQUIFER: _______

Lithology: _______

Formation: _______

Origin: _______

Aquifer: _______

Thickness: _______

Length of well open to: _______

Depth to top of: _______

Intervals Screened: _______

Depth to consolidated rock: _______

Source of data: _______

Depth to basement: _______

Source of data: _______

Surficial material: _______

Infiltration characteristics: _______

Coefficient Trans: _______

Coefficient Perm: _______

Spec cap: _______

Number of geologic cards: _______