

9-185
(October, 1950)

Abandoned
2-65-132

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
WATER RESOURCES DIVISION

MOTOR
OFF
PUMP
STILL IN
7-01-65
etc

WELL SCHEDULE

Date 3/3, 1954 Field No. H-1
Record by EH Office No. K-1
Source of data F. Arb.

1. Location: State Miss. County Humphreys
Map Dayland Quad

Davidson & Goss
Bill & Goss

land SE SE $\frac{1}{4}$ sec. 8 T. 13 N R. 4 W

2. Owner: Four Way Rice Farm Address Louisiana, Miss.
Driller: Layne Central Address Cleveland

3. Topography Delta gently rolling

4. Elevation 95+ ft. above M.S.L. Topo.

5. Type: Dug, drilled, driven, bored, jetted Feb. 1954

6. Depth: Rept. 111 ft. Meas. _____ ft.

7. Casing: Diam. 16 in. to 12 in. Type _____
Depth 61 ft. Finish 50' screen

8. Chief Aquifer Sand + gravel From _____ ft. to _____ ft.

9. Water level 15.58 ft. rept. 3/3 1954 above 1.5 below Top of csg. which is _____ ft. above below surface

10. Pump: Type Layne turbine Capacity _____ G.M.
Power: Kind Elec. Horsepower 60

11. Yield: Flow _____ G.M. Pump 2010 G.M. Meas. Rept. Est. 7/29/54
Drawdown _____ ft. after _____ hours pumping _____ G.M.

12. Use: Dom., Stock, PS., RR., Ind. Irr. Obs. Rice 320 acres
Adequacy, permanence _____

13. Quality _____ Temp. 65.5 top
Taste, odor, color _____ Sample Yes _____ No _____
Unfit for _____

14. Remarks: (Log, Analyses, etc.) Proposed well
Test well drilled. No evidence of gravel
Saturday 14 in on surface that test well

17. Name of Property (if any) _____
 18. Date of Report _____
 19. County _____
 20. State _____
 21. Name of Well _____
 22. Depth of Well _____
 23. Name of Driller _____
 24. Name of Owner _____
 25. Name of User _____
 26. Name of Tester _____
 27. Name of Recorder _____
 28. Name of Inspector _____
 29. Name of Engineer _____
 30. Name of Geologist _____
 31. Name of Hydrologist _____
 32. Name of Chemist _____
 33. Name of Biologist _____
 34. Name of Botanist _____
 35. Name of Zoologist _____
 36. Name of Entomologist _____
 37. Name of Microbiologist _____
 38. Name of Pathologist _____
 39. Name of Physiologist _____
 40. Name of Anatomist _____
 41. Name of Physiologist _____
 42. Name of Anatomist _____
 43. Name of Physiologist _____
 44. Name of Anatomist _____
 45. Name of Physiologist _____
 46. Name of Anatomist _____
 47. Name of Physiologist _____
 48. Name of Anatomist _____
 49. Name of Physiologist _____
 50. Name of Anatomist _____

test well Irrigation well

Clay to 12'
Still in sand & gravel



40-9-14
 40
 23
 17
 10-65
 200

Name of Office _____
 Record No. _____
 Date _____
 Office No. _____
 State No. _____

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