WELL SCHEDULE

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

FORM 9-1642
(1-68)

MASTER CARD

Record Number: [Redacted]
Date: 10-9-23
Map: [Redacted]

State: [Redacted]
County (or town): [Redacted]
Latitude: [Redacted]
Longitude: [Redacted]
Local well number: [Redacted]

Owner or name: E. D. PATTERSON
Owner address: [Redacted]

Ownership: [Redacted]
Use of well: [Redacted]

DATA AVAILABLE: [Redacted]

WELL-DESCRIPTION CARD

Depth well: [Redacted]
Depth cased: [Redacted]
Casing : [Redacted]
Drilled: [Redacted]

Lift: [Redacted]
Power: [Redacted]

Water level: [Redacted]
Water level above MP: [Redacted]
Data: [Redacted]

Drawdown: [Redacted]

Quality of water: [Redacted]
Sp. Conduct: [Redacted]

Taste, color, etc.: [Redacted]