FORM 9-1642
(1-68)

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

WELL SCHEDULE

MASTERCARD

Record by: __________
Source of data: Bow C
Date: 1/75
Map: __________

State: __________
County: __________
(Town or City): __________

Latitude: __________
Longitude: __________

Sequential number: __________

Local well number: __________

Local use: __________

Owner or name: __________
Address: __________

Ownership: __________
County, Fed Gov't, City, Corp or Co, Private, State Agency, Water Dist __________

Use of well: __________

Use of well: __________

DATA AVAILABLE: __________

Hyd. lab. data: __________

Qual. water data: __________

Freq. sampling: __________

Pumping inventory: yes

Log data: __________

WELL-DESCRIPTION CARD

SAME AS ON MASTERCARD

Depth well: __________

Depth cased: __________
(First perf.): __________

Casing type: __________

Finish: __________

Method: __________

Drilled: __________

Date Drilled: __________

Pump intake setting: __________

Driller: __________

Name: __________
Address: __________

Power: __________

Type: __________

Shallow: __________

Deep: __________

Descrip. HP: __________

Alt. LSD: __________

Water level: __________

Date: __________

Yield: __________

Drawdown: __________

WATER DATA: __________

QUALITY OF WATER DATA: __________

Sp. Conduct: __________

Temp.: __________

Taste, color, etc.: __________

U.S. G.P.O. 1972/720-793/96/1303