FORM 9-1642
(U.S. DEPT. OF THE INTERIOR)
WELL SCHEDULE
GEOLOGICAL SURVEY
WATER RESOURCES DIVISION

MASTER CARD

Record by: __________
Source of data: __________
Date: __________
Map: __________
State: __________
County: __________
Lat-Long: __________
Sequential number: __________
Local well number: __________
Local use: __________
Owner or name: __________
Address: __________
Data Available: __________
Hyd. lab. data: __________
Qual. water data: __________
Freq. sampling: __________
Aperture cards: __________
Log data: __________

WELL DESCRIPTION CARD

SAME AS ON MASTER CARD
Depth well: __________
Depth cased: __________
Casing: __________
Diam: __________
Finish: __________
Method: __________
Drilled: __________
Driller: __________
Address: __________
Main lift: __________
Power: __________
Descrip. HP: __________
Alt. LSD: __________
Water level: __________
Date: __________
Yield: __________
Quality of water: __________
Sp. Conduct: __________
Taste, color, etc.: __________