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:  
Latitude:  
Longitude:  

Lat-long accuracy:  
Local well number:  
Local use:  

Owner or name:  
Owner Dr name:  
Address:  

Ownership: County, Fed Gov', City, Corp or Co, Private, State Agency, Water Dist  

Use of Air cond, Bottling, Comm, Dewater, Power, Fire, Dom, Irr, Med, Ind, P S, Rec, water (S) (T) (U) (V) (W) (X) (Y) (Z) Stock, Insti, Unused, Repressure, Recharge, Desal-P S, Desal-other, Other

Well: Artesian, Drain, Seismic, Heat Res, Obs, Oil-gas, Recharge, Test, Unused, Withdraw, Waste, Destroyed

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 casing:  
Finishing:  
Method:  
Drilled:  
Driller:  

Lift:  
Power:  

Descrip: H.P.  
Alt. LSD:  

Water Level:  

Date:  

Drawdown:  
QUALITY OF WATER DATA:  

Sp. Conduct:  

Taste, color, etc.