FORM 9-1642
(1-60)

WELL SCHEDULE
GEOLOGICAL SURVEY
WATER RESOURCES DIVISION

MASTER CARD

Record No.: Source: Date: Map:

State: County: 28

Latitude: Longitude: Sequential number:

Lat-long: Sec. Deg. Min. Sec. 19

Local well number: Other number:

Local use: Owner or name:

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


DATA AVAILABLE: Field aquifer char.

Hyd. lab. data:

Qual. water data:

FREQ. sampling:

Log data:

WELL DESCRIPTION CARD

SAME AS MASTER CARD

Depth well: 980-1040 ft.

Pumping setting:

Date Drilled:

Driller:

Well No.: Deep

Shallow

Trans. or meter no.:

Descrip. MP:

Lift: Air, bucket, cont., jet, other.

Power: Diesel, elec., gas, gasoline, hand, gas, wind, H.P.

Alt. LSD:

Water Level: Above LSD, Alt. MP

Date meas.: Accuracy:

Yield:

Pumping period:

Sp. Conduct:

Taste, color, etc.