FORM 9-1642
(1-68)

WELL SCHEDULE
U.S. DEPT. OF THE INTERIOR
GEOLOGICAL SURVEY
WATER RESOURCES DIVISION

MASTER CARD

Record by: P.O. Source of data: Power Date: 7-21 Map: [Blank]

State: [Blank] County: [Blank] Sequential number: 11

Latitude: 32° 10'.45 N. Longitude: 89° 05'.15 W.

Lat-long accuracy: 75. Degree 75. Min 60. Sec 60.

Local well number: 209 1A 08 23 NI 12 E.

Owner or name: [Blank] Owner or name: [Blank]

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


Hyd. lab. data: [Blank] Quali. water data: type: [Blank]

Freq. sampling: [Blank] Pumpage inventory: yes [Blank] period: [Blank]

Aperture cards: [Blank] Log data: [Blank]

WELL DESCRIPTION CARD

SAME AS ON MASTER CARD. Depth well: [Blank] Meas. 36.1 ft. Rept: accuracy: [Blank]


Finish: [Blank] Method: [Blank]


Driller: [Blank] Lift: [Blank]

(type): air, bucket, cable, dog, hyd. jetted, air, reverse trenching, driven, drive, rot., percussion, rotary, other:[Blank]

Date: [Blank] Deep: [Blank]

Power: [Blank] Water Level: [Blank]


Alt. LSD: [Blank] Accuracy: [Blank] Topo 10' contour: [Blank]

Water Level: 45 ft. above LSD, Alt. MP: [Blank] Accuracy: [Blank]

Date measured: [Blank] Yield: [Blank] Method: [Blank]


Taste, color, etc.: [Blank] Date sampled: [Blank]

[Blank]