FORM 9-1642
U.S. DEPT. OF THE INTERIOR
WELL SCHEDULE
GEOLOGICAL SURVEY
WATER RESOURCES DIVISION
JAN 3 1974

MASTER CARD
Record by: [Signature]
Source of data: [Signature]
Date: 10-16-73
State: [Signature]
County: [Signature]
Township: [Signature]
Template:

WELL-DESCRIPTION CARD
SAME AS ON MASTER CARD
Depth well: [Signature]
Depth cased: 135 ft
Casing: [Signature]
Finish: [Signature]
Method: [Signature]
Drilled: [Signature]
Date: 11-23
Driller: [Signature]

WELL DATA:
Owner or name: [Signature]
Address: [Signature]

WELL SCHEDULE:
 Sequential number: 1

DATA AVAILABLE:
Well data: [Signature]
Frequ. W/L meas.: [Signature]
Field aquifer char.: [Signature]

Hyd. lab. data: [Signature]
Qual. water data: [Signature]
Frequ. sampling: [Signature]
Pumpage inventory: yes
Period: [Signature]

Log data: [Signature]

WELL-DESCRIPTION CARD:

Date below LSD, Alt. MP:

Alt. LSD:

Water Level:

Date:

Flow:

Yield:

Quality of Water:

Sp. Conduct:

Taste, color, etc.: [Signature]