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

MASTER CARD

Record by: BEW  Source of data: JS Moore  Date: 11/27

Map: __________

State: __________  County (or town): MONTGOMERY  4.9

Latitude: __________  Longitude: __________

Lat-long accuracy: __________

Local well number: __________

Local use: __________

Owner or name: KILMICHAEL __________

Address: __________

Ownership: County, Fed Govt, City, Corp or Co, Private, State Agency, Water Dist __________

Use of well: Anode, Drain, Seismic, Heat Res, Obs, Oil-gas, Recharge, Test, Unused, Withdraw, Destroyed __________

DATA AVAILABLE: Well data __________  Freq: W/L meas.: __________  Field aquifer char. __________

Hyd. lab. data: __________

Qual. water data: type: __________

Freq. sampling: __________  Pumpage inventory: no. Period: __________

Aperture cards: __________

Log data: __________

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD

Depth well: __________

Depth cased: __________

Depth perf.: __________

Casing: __________

Diam.: __________

Finish: __________

Method: __________

Drilled: __________

Date: __________

Driller: JOURNEY __________

Lift: __________

Power: __________

Descrip. MP: __________

Alt. LSD: __________

Water Level: __________

Date meas: __________

Drawdown: __________

QUALITY OF WATER DATA: __________

Sp. Conduct: __________

Taste, color, etc.: __________

Iron: __________

Sulfate: __________

Chloride: __________

Hard.: __________

Temp.: __________

Gph.: __________

Pumping period: __________

hr.: __________

Data sampled: __________

Accuracy: __________

Method determined: __________

H.P.: __________

Trans. of meter no.: __________