FORM 9.1642
(1-68)

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

MASTER CARD

Record by: [Blank]
Source of data: [Blank]
Date: 9/15
Map: [Blank]

State: [Blank]
County: MONTGOMERY
Local well number: L0018C0218 NOBE
Local use: [Blank]
Owner or name: EARL WILLIAMS
Address: [Blank]

Ownership: [Blank]
Use of: [Blank]
Well: [Blank]
DATA AVAILABLE: [Blank]

Hyd. lab. data: [Blank]
Qual. water data: [Blank]
Freq. sampling: [Blank]
Aperture cards: [Blank]
Log data: [Blank]

WELL-DESCRIPTION CARD

Depth well: 630 ft
Depth casing: 59.0 ft
Finish: [Blank]
Method: [Blank]
Date: 9/16
Driller: R. PATLICE

Level: [Blank]
Water level: [Blank]
Date: [Blank]

Drawdown: [Blank]
Quality of water data: [Blank]
Sp. Conduct: [Blank]
Taste, color, etc: [Blank]

Well No. L1
DROGEOLOGIC CARD

NAME AS ON MASTER CARD

Physiographic Province:

Drainage Basin:

Subbasin:

Site:

Origin:

Aquifer:

Thickness:

Length of well open to:

Depth to top of:

Aquifer:

Thickness:

Length of well open to:

Depth to top of:

Source of data:

Infiltration characteristics:

Coefficient storage:

Spec. cap:

Number of geologic cards: