WELL SCHEDULE

U.S. DEPT. OF THE INTERIOR
GEOMORPHOLOGICAL SURVEY
WATER RESOURCES DIVISION

MASTER CARD

Record by: [Name]
Source of data: [Location]
Date: [Date]
Well No.: [Well Number]

State: MISS. [State Code]
County: OKTIBBECA
Map: West Point Quad

Lat. & Long.:

Local use:

Owner or name:

Owner or name:

Ownership:

Use of water:

DATA AVAILABLE:

WELL-DESCRIPTION CARD

Depth well:

Finish:

Method:

Drilled:

Driller:

Life:

Power:

Alt. LSD:

Level:

Date:

Yield:

Quality of water:

Sp. Conduct:

Taste, color, etc.:

pH = [Value]