WELL SCHEDULE

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

DEC 31 1973

FORM 9-1642
(1-66)

WELL No. C9

MASTER CARD

Record by

Source of data

Date

Map

State

County

Town

Latitude

Longitude

Sequential number

Lat.-long. accuracy

Local well number

Other number

Local use

Owner or name

Address

Ownership

Use of

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

Well

DATA AVAILABLE

Hyd. lab. data

Qual. water data: type

Freq. sampling

Pumpage inventory

Aperture cards

Log data

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD

Depth well

ft

Meas. rept

rept accuracy

Depth cased:

(First perf.)

ft

Type:

Shape

Finish:

porous, gravel w. gravel v. horizon, open, perfor., screen, sl., pt., bored, cored, cable

Method:

(A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z)

Drilled

Rotary

rot.

percussion, rotary

Date Drilled

11/54

Pump intake setting

ft

Driller

MSG S

Lift

(A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z)

Power

K.

Descrip. MP

ft

Alt. LSD:

133.5

Accuracy:

40

at.

MP

Water Level

Accuracy:

Method determined

Drawdown

Yield:

ppm

QUALITY OF

WATER DATA:

Iron

Sulfate

Chloride

Sp. Conduct

Date sampled

Temp.

Taste, color, etc.

40
## HYDROGEOLOGIC CARD

### Physiographic Province:
- **Province:**
- **Drainage Basin:**
- **Subbasin:**

### Topo of well site:
- **Topo of well site:**
- **Offshore, pediment, hillside, terrace, undulating, valley flat:**

### MAJOR AQUIFER:
- **System:**
- **Series:**

### Lithology:
- **Length of:**
- **Origin:**
- **Aquifer Thickness:**

### INTERVALS SCREENED:
- **Depth to consolidated rock:**
- **Source of data:**
- **Depth to basement:**
- **Source of data:**

### Surficial material:
- **Infiltration characteristics:**

### Coefficient:
- **Storage:**

### Form:
- **Coefficient:**
- **Spec cap:**
- **Number of geologic cards:**

### Additional Information:
- **Latitude-longitude:**
- **Well No.:**
- **N:**