FORM 9-1642
(1-58)

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

WELL SCHEDULE

Well No. B10

PUNCHED
AUG 6 1973

MASTER CARD

Record by __________
Source of data __________
Owner __________
Date __________
Map __________

State __________
County __________
County (or comp) __________
Sequential number __________

Latitude: __________
Longitude: __________

Lat-long accured: 12 degrees 18 min sec 18

Local well number: __________

Local use: __________
Owner or name: __________
Address: __________

Ownership: (A) County, Fed Gov't, City, Corp or Co, Private, State Agency, Water Dist

Use of: (A) Air cond, Bottling, Comm, Dewater, Power, Fire, Dom, Irr, Med, Ind, P & S, Rec

Stock, Inst, Unused, Recharge, Desal-P & S, Desal-other

Well: (A) Ande, Drain, Seismic, Heat Res, Obs, Oil-gas, Reccharge, Test, Unused, Withdraw, Waste, Destroyed

DATA AVAILABLE: Mem data __________
Freq. M/L meas: __________
Field aquifer char: __________

Hyd. lab. data: __________

Qual. water data: __________

Freq. sampling: __________
Pumpage inventory: __________

Aperature cards: __________

Log data: __________

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD

Depth well: __________

Depth cased: __________

Casing: __________

Finish: __________

Method: __________

Date: __________

Drilled: __________

Driller: __________

Lift: __________

Power: __________

Descrip. HP: __________

Alt. LSD: __________

Water Level: __________

Date: __________

Drawdown: __________

QUALITY OF WATER DATA:

Iron ppm __________
Sulfate ppm __________
Chloride ppm __________
Hard ppm __________

Sp. Conduct: __________

Taste, color, etc.