FORM 9.1642
(1-58)

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

MASTER CARD

Record: Filling
Owner: J.E. Cow
Date: 1-8-65

State: [Blank]
County: [Blank]
Location: [Blank]
Well number: L-1
Local or well name: [Blank]
Owner or name: [Blank]

Ownership: [Blank]
Use of water: [Blank]
DATA AVAILABLE: [Blank]
Wtd. len. date: [Blank]
Test water date: [Blank]
Testing completed: [Blank]
Aperture cards: [Blank]

WELL-DESCRIPTION CARD

Depth: 58 ft
Casing: [Blank]
Diam: [Blank]
Finishing point: [Blank]
Description: [Blank]
Material: [Blank]
Driller: [Blank]
Address: [Blank]
Power: [Blank]
Descrip. NP: [Blank]
Alt. LSD: [Blank]
Water level: [Blank]
Data: [Blank]
Inclination: [Blank]
R.A.: [Blank]
Sp. Conduct: [Blank]

Taste, color, etc.: [Blank]