FORM 9-1642
U.S. DEPT. OF THE INTERIOR
WELL SCHEDULE
GEOLOGICAL SURVEY
WATER RESOURCES DIVISION

MASTER CARD
Record-by: [Redacted]
Source of data: [Redacted]
State: [Redacted]
County: [Redacted]
Well number: G20
Local-use: [Redacted]
Owner: [Redacted]
Address: [Redacted]
Well number: G020 AC 2225 NO
Owner name: [Redacted]
Address: [Redacted]
Ownership: [Redacted]
Use of well: [Redacted]
DATA AVAILABLE:
Hyd. lab. data: [Redacted]
Qual. water data: [Redacted]
Field aquifer char: [Redacted]
Aperture cards: [Redacted]
Log data: [Redacted]

WELL-DESCRIPTION CARD
Depth well: [Redacted]
Depth cased: [Redacted]
Casing: [Redacted]
Type: [Redacted]
Diam: [Redacted]
Finish: [Redacted]
Method: [Redacted]
Drilled: [Redacted]
Driller: [Redacted]
Lift type: [Redacted]
Power: [Redacted]
Descr. HP: [Redacted]
Alt. LSD: [Redacted]
Water level: [Redacted]
Date mass: [Redacted]
Drawdown: [Redacted]
QUALITY OF WATER DATA:
Iron: [Redacted]
Sulfate: [Redacted]
Chloride: [Redacted]
Sp. Conduct: [Redacted]
Taste, color, etc.: [Redacted]