U.S. DEPARTMENT OF THE INTERIOR
U.S. Geological Survey
West Virginia Water Scicence Center
Well Inspection Form

PROJECT:_____

Station ID: _____Date:_____

Local Number: _____Party:_____

Measure Point (MP):_____above (-) or below (+) land surface

MP description:

Time (EST EDT)				
*T / S / other				
Held				
Wet				
WL below MP				
MP				
Tape Corr.				
WL				
**Status				

*METHOD = T: electric tape, S: steel Tape, R: reported

**STATUS= P:pumping, R:recently pumped F: flowing,B: tidal, S: nearby pumping, blank is static

Transducer Present?   YES   NO
   Initial transducer reading: _____
   Time: _____   Local or UTC

Data Downloaded?   YES   NO
   Date: _____
   File Name: _____

Recorder RESET?   YES   NO
   Date: _____
   Time: _____
   WL value reset to: _____
   New log name: _____

REMARKS:_____
_____
_____
_____
_____