

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

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Station ID:			Date:
Local Number:			Party:
Measure Point (MP):		above (-) or be	low (+) land surface
MP description:			
Time (EST EDT)			
*T / S / other			
Held			
Wet			
WL below MP			
MP			
Tape Corr.			
WL			
**Status			
Transducer Present?	YES	NO	
Initial transducer reading: _			
Initial transducer reading: _ Time:		 C	
	Local or UTO YES	NO	
Time: Data Downloaded? Date: File Name: Recorder RESET? Date: Time: WL value reset to:	YES YES YES	NO NO	
Time: Data Downloaded? Date: File Name: Recorder RESET? Date: Time:	YES YES YES	NO NO	



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			arby pumping, blank i
*METHOD = T: electric tape, S: s **STATUS= P:pumping, R:recent Fransducer Present?	ly pumped F: flowing YES		arby pumping, blank i
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