

If well telescopes, please sketch and show depths.

GROUND LEVEL

SECTION _____

Please indicate well location X.

Pump Capacity (GPM) 2000	No. of Stages 1	Setting Depth 70 FT.
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PUMP TEST

Well yielded NOT TESTED GPM with
a drawdown of _____ ft.
after _____ hours of pumping

LOG DATA

TYPE OF LOG RUN (Check One): No Log Run
 Electric, Gamma Ray, Density, Sonic, Neutron,
 Other (Describe) _____

Name of Organization Running Log

N/A

GEOLOGICAL DATA (Office Use Only)

Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs SWL	Date	Analysis	Aquifer Test

Driller's Remarks
Layne File No. 22-9252

If more than one screen,
show location of each on sketch.