U. S. DEPT. OF THE INTERIOR
GEOLOGICAL SURVEY
WATER RESOURCES DIVISION

WELL SCHEDULE

MASTER CARD

Record by: J.C. Maree
Source of data: Bowe
Date: 9-71

State: Kansas
County: Lawrence
Map: 3-9

Latitude: 31° 27' 14.4" N
Longitude: 089° 50' 35.7" W
Sequential number: 1

Lat-long accuracy: 5 min sec
Local well number: L 018
Other number: 8 & M

Local use: Irrigation
Owner or name: Daniel
Address: Oahuale

Ownership: County, Fed Gov, City, Corp or Co, Private, State Agency, Water Dist

Use of water: Acreage, industrial, mining, irrigation, city, sanitation, other

DATA AVAILABLE:
- Well data
- Freq. w/l meas.
- Field aquifer char.
- Hyd. lab. data
- Qual. water data
- Freq. sampling
- Pumpage inventory
- Aperture cards
- Log data

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD

Depth well:
- 1st perf. depth: 23
- Casing: 3
- Diam.: 19

Finish:
- Screen: gravel, gravel, open perf., screen, etc.
- Method:
  - Drilled: bored, cable, dug, reverse trenching, driven, driven, other
  - Pump intake setting:

Driller: E B Sheppard

Lift:
- Type: air, bucket, etc.
- Power:
  - Type: diesel

Descriptive:
- Alt. LSD: above
- Water level: above
- Date:
- Drawdown:
- Quality of water:
- Sp. Conduct:

Ions, color, etc.

FORM 9-1642
(1-68)
HYDROGEOLOGIC CARD

SAME AS ON MASTER CARD

Physiographic Province: ____________________________

Drainage Basin: ____________________________

Subbasin: ____________________________

Topo of well site: ____________________________

Major Aquifer: ____________________________

Lithology: ____________________________

MINOR AQUIFER: ____________________________

Lithology: ____________________________

Interval Screened: ____________________________

Depth to consolidated rock: ____________________________

Depth to basement: ____________________________

Surficial material: ____________________________

Coefficient: ____________________________

Coefficient: ____________________________

Permeability: ____________________________

Spec cap: ____________________________

Number of geologic cards: ____________________________