

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
 Log No. 15218
 Permit No. _____
 Basin _____

1. OWNER Stencil ADDRESS Residing - Esmeralda

2. LOCATION SE 1/4 NE 1/4 Sec. 6 T. 16 N/S R. 20 E Washoe County
 PERMIT NO. _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock
 5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>hard pan</u>		<u>1</u>	<u>6</u>	<u>6</u>
<u>sand + clay</u>		<u>6</u>	<u>35</u>	<u>29</u>
<u>first water</u>		<u>35</u>	<u>40</u>	<u>5</u>
<u>cemented sand</u>		<u>40</u>	<u>50</u>	<u>10</u>
<u>coarse sand</u>		<u>50</u>	<u>55</u>	<u>5</u>
<u>2d water</u>		<u>55</u>	<u>56</u>	<u>1</u>
<u>medium sand</u>		<u>56</u>	<u>65</u>	<u>10</u>
<u>gravel - clay</u>		<u>65</u>	<u>90</u>	<u>25</u>
<u>3d water</u>		<u>90</u>	<u>92</u>	<u>2</u>
<u>clay - gravel</u>		<u>92</u>	<u>94</u>	<u>2</u>

8. WELL CONSTRUCTION
 Diameter hole 8" inches Total depth 94 feet
 Casing record _____
 Weight per foot _____ Thickness 188

Diameter	From	To
<u>8</u> inches	<u>1</u> feet	<u>94</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type Cement
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation factory
 Size perforation _____
 From 89 feet to 49 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 15 Feet below land surface
 Flow _____ G.P.M.
 Water temperature _____ ° F. Quality _____

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Marcin Blending
 Address 4340 Hwy 50 E
 Nevada contractor's license number 360
 Nevada driller's license number 707
 Signed A. Marcin
 Date 11-14-75

Date started _____ 19____
 Date completed _____ 19____

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours