



Log No. 15307

Permit No.

Basin B-104

WELL DRILLERS REPORT

Please complete this form in its entirety

4BAD

1. OWNER Ralph Huber ADDRESS Minden NV
93 Jeffrey Pk. Ln.

2. LOCATION NE 1/4 NW 1/4 Sec. 84 T. 14 N/S R. 19 E. Douglas County
PERMIT NO. 815-630167

3. TYPE OF WORK	4. PROPOSED USE	5. TYPE WELL
New Well <input checked="" type="checkbox"/> Recondition <input type="checkbox"/>	Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/>	Cable <input checked="" type="checkbox"/> Rotary <input type="checkbox"/>
Deepen <input type="checkbox"/> Other <input type="checkbox"/>	Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/>	Other <input type="checkbox"/>

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
CLAY - P.S.		1	47	
CLAY, SAND		48	65	
SAND		66	68	
CLAY, P.S., some Rock		69	91	
CLAY, BRANFL		92	108	
CLAY SAND		109	113	
See log # 37022 for deepening				
" " 72246 for PQA				

8. WELL CONSTRUCTION

Diameter hole 8 inches Total depth 113 feet
 Casing record 113
 Weight per foot _____ Thickness 18P

Diameter	From	To
<u>8</u> inches	<u>1</u> feet	<u>113</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 _____ feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation FACTORY
 Size perforation 3X3/32
 From 93 feet to 113 feet
 From _____ feet to _____ feet

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

9. WATER LEVEL

Static water level _____ 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.

KAWCHACK PUMP & WELL SERVICE
 Name BOX 536
GARDNERVILLE, NEVADA 89410
 Address _____

Nevada contractor's license number 954
 Nevada driller's license number 763

Signed Anthony J. Kawchack
 Date _____