

OFFICE USE ONLY  
Log No. 15406  
Permit No.  
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER WALTER D VETTER ADDRESS Box 347  
W. W. L. M. C. S. N.

2. LOCATION NE 1/4 NE 1/4 Sec 32 T 36 N/S R 40 E Humboldt County  
PERMIT NO. ECT 14 BLK 49 S. B. H. APP. COLSONA N.

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	Thick-ness
<u>10 FT COARSE SAND</u>	<u>YES</u>	<u>22</u>	<u>40</u>	<u>18</u>
<u>8' LIMESTONE</u>	<u>NO</u>	<u>40</u>	<u>48</u>	<u>8</u>
<u>WATER FERMITION</u>				
<u>FAULT ZONE QUARTZ</u>	<u>YES</u>	<u>48</u>	<u>77</u>	<u>25</u>
<u>CLAYS, DARK MUCKS</u>				

8. WELL CONSTRUCTION

Diameter hole 6 inches Total depth 77 feet  
 Casing record 77  
 Weight per foot..... Thickness 3/16

Diameter	From	To
<u>6</u> inches	<u>0</u> feet	<u>77</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 TORCH  
 Size perforation 1/2"  
 From 6.0 feet to 77 feet  
 From..... feet to..... feet  
 From..... feet to..... feet  
 From..... feet to..... feet  
 From..... feet to..... feet

9. WATER LEVEL

Static water level 27 Feet below land surface  
 Flow..... G.P.M.  
 Water temperature 71 ° F. Quality 7 sulphur

Date started..... FEB 15....., 1976  
 Date completed..... MARCH 4....., 1976

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	<u>10</u>	<u>5</u>	<u>6</u>

10. DRILLERS CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Walter D Vetter  
 Address Box 347 W. W. L. M. C. S. N.  
 Nevada contractor's license number 7600  
 Nevada driller's license number 504  
 Signed Walter D Vetter  
 Date 3-9-76

BAILER TEST

G.P.M..... Draw down..... feet ..... hours  
 G.P.M..... Draw down..... feet ..... hours  
 G.P.M..... Draw down..... feet ..... hours