

**OFFICE USE ONLY**  
 Log No. 15930  
 Permit No. \_\_\_\_\_  
 Basin \_\_\_\_\_

**WELL DRILLERS REPORT**

Please complete this form in its entirety

1. OWNER C AND F CONST ADDRESS ESTHER AND VICKIE OFF JOHNSON LANE

2. LOCATION 1/4 1/4 Sec. 23 T. 14 N/S R. 20 E. DOUGLAS County  
 PERMIT NO. \_\_\_\_\_

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 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
sand		1	3	3
hard pan		3	6	3
sand - clay		6	30	24
1st water		30	35	5
sand		35	50	15
clay		50	60	10
clay - sand		60	65	5
2d water		65	70	5
runny sand		70	77	7
clay - sand		77	83	6
clay		83	95	12

8. WELL CONSTRUCTION

Diameter hole 6 inches Total depth 95 feet  
 Casing record \_\_\_\_\_  
 Weight per foot \_\_\_\_\_ Thickness 188

Diameter	From	To
<u>6</u> inches	<u>1</u> feet	<u>95</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 \_\_\_\_\_  
 From 90 feet to 50 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Date started 5-20-76, 19\_\_\_\_  
 Date completed 5-22-76, 19\_\_\_\_

9. WATER LEVEL

Static water level 12 Feet below land surface  
 Flow \_\_\_\_\_ G.P.M. 20  
 Water temperature \_\_\_\_\_ ° F. Quality \_\_\_\_\_

7. WELL TEST DATA

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

10. DRILLERS CERTIFICATION

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

Name MARCIN DRILLING CO  
 Address 4340 Hwy 50E  
 Nevada contractor's license number 360  
 Nevada driller's license number 707  
 Signed ANTHONY C. MARCIN  
 Date 5-22-76

BAILER TEST

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