

Log No. 17925
 Permit No. _____
 Basin _____

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Spencer Bitz ADDRESS Sparks Nev

2. LOCATION SE 1/4 N 1/4 Sec 22 T 21 N N/S R 12 E E Washoe County
 PERMIT NO. 22 Topple St. Lower Valley

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>Brown Clay</u>		<u>0</u>	<u>53</u>	<u>53</u>
<u>Coarse Sand</u>	<u>—</u>	<u>53</u>	<u>64</u>	<u>11</u>
<u>Brown Sandy Clay</u>				
<u>with small</u>	<u>—</u>	<u>64</u>	<u>117</u>	<u>53</u>
<u>stones sand</u>				
<u>Coarse Sand</u>	<u>—</u>	<u>117</u>	<u>124</u>	<u>7</u>
<u>Clay</u>		<u>124</u>	<u>126</u>	<u>2</u>

8. WELL CONSTRUCTION

Diameter hole 6 inches Total depth 126 feet
 Casing record 1-126
 Weight per foot 5 Thickness 1.88

Diameter	From	To
<u>10</u> inches	<u>0</u> feet	<u>53</u> feet
<u>6</u> inches	<u>53</u> feet	<u>126</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type _____
 Depth of seal 53' feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation 3/8" Factory Millal
 Size perforation 3/8"
 From 56 feet to 126 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

9. WATER LEVEL

Static water level 34 Feet below land surface
 Flow _____ G.P.M.
 Water temperature 61.1 ° F. Quality good

10. DRILLERS CERTIFICATION

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

Name Enter Drilling Co.
 Address PO Box 370 Carson City
 Nevada contractor's license number 4739
 Nevada driller's license number 590
 Signed Chas. L. Peltier
 Date Feb 11, 1977

BAILER TEST

G.P.M. 15 Draw down 10 feet 1 hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours