



WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER DR. DALE ADDRESS INCLINE VILLAGE, LAKE TAHOE, NEVADA

2. LOCATION S5 1/4 20 1/4 Sec. 2 T. 22 N/S R. 20 E. WASHOE County
 PERMIT NO. WAIVER #V015 for test hole Valley Pump Co. Unit 3 2-2-79

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	Thickness
Overburden, fine sand		0	10'	10'
Clay and sand		10'	25'	15'
Decomposed granite		25'	75'	50'
Hard granite		75'	125'	50'
Boulders, basalt type small amt. of water		125'	175'	50'
Fracture basalt, with water		175'	200'	25'
fracture rock, some granite		200'	260'	60'
bed rock very hard		260'	280'	20'
Water bearing from 175' to 260'				
WELL HAS BEEN PLUGGED AS PER REGULATIONS FOR TEST HOLE.				

8. WELL CONSTRUCTION

Diameter hole 8-5/8 inches Total depth 280 feet
 Casing record 0
 Weight per foot _____ Thickness _____

Diameter	From	To
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

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

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 60' Feet below land surface
 Flow 100 G.P.M.
 Water temperature _____ ° F. Quality _____

Date started 10-25-79, 19_____
 Date completed 10-27-79, 19_____

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 VALLEY PUMP COMPANY
 Address P.O. Box 624, Sparks, Nev. 89431
 Nevada contractor's license number 6045
 Nevada driller's license number 1044
 Signed M. Keeney
 Date 12-7-79

BAILER TEST

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