

**WELL DRILLERS REPORT**

Please complete this form in its entirety

1. OWNER Wanetta Simpson ADDRESS .....

2. LOCATION  $\frac{1}{4}$   $\frac{1}{4}$  Sec 32 T. 17 N/S R. 20 E Washoe 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 checked="" type="checkbox"/>

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Overburden		0'	10'	10'
Sand, clay, some gravel		10'	150'	140'
Decomposed granite, gravel, sand		150'	230'	80'
fractured granite, some water		230'	270'	40'
granite, coarse gravel water		270'	300'	30'
Set pump at 180				

8. WELL CONSTRUCTION

Diameter hole 6-5/8 inches Total depth 300 feet  
 Casing record .....

Diameter	From	To
<u>6-5-8</u> inches	<u>0</u> feet	<u>300</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 50 feet to 300 feet

Perforations:  
 Type perforation 3/32" factory sawed slots  
 Size perforation .....

From	To
<u>240</u> feet	<u>300</u> feet
..... feet	..... feet
..... feet	..... feet
..... feet	..... feet
..... feet	..... feet

9. WATER LEVEL

Static water level 95 Feet below land surface  
 Flow 20 G.P.M.  
 Water temperature..... ° F. Quality.....

Date started 10-5-79, 19.....  
 Date completed 10-10-79, 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

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 1123  
 Signed [Signature]  
 Date 3-27-80