

OFFICE USE ONLY  
 Log No. 21780  
 Permit No. \_\_\_\_\_  
 Basin \_\_\_\_\_

**WELL DRILLERS REPORT**

Please complete this form in its entirety

1. OWNER TOM HASKELL ADDRESS TAMBA AND ALAMOSA GOLDEN VALLEY

2. LOCATION 1/4 1/4 Sec 3 T 20 N/S R. 19 E WASHOE County

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
Overburden		0	5	5
decomposed granite		5	10	5
fractured grey granite		10	50	40
fractured granite, basalt		50	100	50
fractured granite, basalt		100	150	50
" "		150	180	30
fractured granite, basalt				
some water		180	230	50
fractured granite, sand				
and water		230	280	50'

8. WELL CONSTRUCTION  
 Diameter hole 6-5/8 inches Total depth 280 feet  
 Casing record \_\_\_\_\_  
 Weight per foot \_\_\_\_\_ Thickness 156  

Diameter	From	To
<u>6-5/8</u> inches	<u>0</u> feet	<u>280</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 280 feet  
 Perforations:  
 Type perforation factory sawed slots  
 Size perforation 3/32  
 From 180 feet to 280 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Date started 8-28-80, 19\_\_\_\_  
 Date completed 8-30-80, 19\_\_\_\_

9. WATER LEVEL  
 Static water level 120 Feet below land surface  
 Flow 20 G.P.M.  
 Water temperature cold ° 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 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 10-6-80

BAILER TEST  
 G.P.M. \_\_\_\_\_ Draw down \_\_\_\_\_ feet \_\_\_\_\_ hours  
 G.P.M. \_\_\_\_\_ Draw down \_\_\_\_\_ feet \_\_\_\_\_ hours  
 G.P.M. \_\_\_\_\_ Draw down \_\_\_\_\_ feet \_\_\_\_\_ hours