

OFFICE USE ONLY
 Log No. 24577
 Permit No. _____
 Basin _____

WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 1373

1. OWNER LORRAINE SANDEES ADDRESS AT WELL LOCATION 10570 CHESTNUT
 MAILING ADDRESS Lot #59 Hepner #1 LEMON VALLEY, NV.
 2. LOCATION SW 1/4 NE 1/4 Sec. 26 T. 21 N/S R. 19 E WASHOE County
 PERMIT NO. _____ Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock Other
 5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Overburden - D&G		0	7	7
D&G & Brown Clays		7	117	110
D&G - clay - coarse sands - mixed with fines		117	145	28
T. D. 145 ft.				

8. WELL CONSTRUCTION
 Diameter hole 10 5/8 inches Total depth 138 feet
 Casing record 6 5/8
 Weight per foot 10.78 Thickness .156
 Diameter 6 5/8 inches From +18" feet To 138 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Grout
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from 52 feet to 138 feet
 Perforations:
 Type perforation Factory
 Size perforation 3/32 X 3
 From 116 feet to 138 feet
 From _____ feet to _____ feet

Date started 4-29, 1983
 Date completed 4-29, 1983

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
Blew well for <u>1 1/2</u> Hrs. to clean and develop			
Airlift of <u>175#</u> at <u>600 CFM.</u>			

9. WATER LEVEL
 Static water level 90 feet below land surface
 Flow 10 G.P.M. _____ P.S.I.
 Water temperature cool ° F. Quality _____

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name AQUA DRILLING & WELL SERVICE, INC.
 Contractor
 Address 2255 GLENDALE AVE. - SPARKS, NV. 89431
 Contractor
 Nevada contractor's license number 15291
 Nevada contractor's drillers number 1132
 Nevada driller's license number 1132
 Actual Driller
 Signed Roger M. Thrall
 Contractor
 Date 4/29/83

BAILER TEST

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