

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 1768

PRINT OR TYPE ONLY

1. OWNER JERREL SMITH ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS KINGS RIVER, OROVADA, Nev _____
 2. LOCATION S¹ NE 1/4 SE 1/4 Sec. 5 T. 44 N. R. 34 E. HUMBOLDT County
 PERMIT NO. 29727 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other RE-DRILL

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
SANDY TOP SOIL		0	2	2
GREEN CLAY		2	6	4
WHITE SANDY HARDPAN		6	15	9
HD. BR. CLAY W/D.G. STRINGERS		15	25	10
D.G. (decomposed granit)		25	30	5
D.G. W/BR. CLAY STRINGERS		30	70	40
D.G. W/PEA GRAVEL		70	90	20
HD. BR. CLAY		90	95	5
D.G. W/PEA GRAVEL		95	110	15
D.G. PEA GRAVEL w/HD BR.				
CLAY STRINGERS		110	120	10
SANDY BR. CLAY		120	130	10
D.G. & PEA GRAVEL		130	140	10
D.G.		140	145	5
SANDY BR. CLAY		145	150	5
D.G. & PEA GRAVEL		150	160	10
SANDY BR. CLAY		160	170	10
D.G. & PEA GRAVEL w/s				
BR. CLAY STRINGERS		170	220	50
SANDY BR. CLAY		220	235	15
D.G. & GRAVEL		235	255	20
SANDY BR. CLAY		255	265	10
D.G. & PEA GRAVEL		265	275	10
SANDY BR. CLAY		275	285	10
D.G. & GRAVEL		285	305	20
SANDY BR. CLAY		305	320	15
D.G.		320	325	5'

8. WELL CONSTRUCTION

Diameter hole _____ inches Total depth _____ feet
 Casing record _____
 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
 From _____ feet to _____ feet
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level _____ feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ ° F. Quality _____

10. DRILLERS CERTIFICATION

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

Name _____ Contractor
 Address _____ Contractor
 Nevada contractor's license number _____
 Nevada contractor's drillers number _____
 Nevada driller's license number _____ Actual Driller
 Signed _____ Contractor
 Date _____

Date started _____, 19____
 Date completed _____, 19____

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST

G.P.M.	Draw down	feet	hours

