

WELL DRILLERS REPORT

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. 17

1. OWNER Bryan Yohney ADDRESS AT WELL LOCATION Same
 MAILING ADDRESS 6245 West Springs Rd Sparks NV 89423-2006
 2. LOCATION NE 1/4 SE 1/4 Sec. 2 T. 2 N/S R. E E. Washoe County
 PERMIT NO. #1936 Issued by Water Resources Parcel No. 11 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
<u>top soil</u>		<u>0</u>	<u>40</u>	<u>40</u>
<u>Red clay + sand</u>		<u>40</u>	<u>80</u>	<u>40</u>
<u>Sand & clay</u>		<u>80</u>	<u>130</u>	<u>50</u>
<u>Sand + Gravel</u>		<u>130</u>	<u>180</u>	<u>50</u>
<u>Clay</u>		<u>180</u>	<u>200</u>	<u>20</u>
<u>Coarse sand w/ clay</u>		<u>200</u>	<u>239</u>	<u>39</u>

8. WELL CONSTRUCTION
 Diameter hole 10 inches Total depth 239 feet
 Casing record 6"
 Weight per foot _____ Thickness 1.52
 Diameter _____ From _____ To _____ 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 240 feet
 Perforations:
 Type perforation mill slot
 Size perforation 3/32 x 4"
 From 200 feet to 240 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 125' feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature 60° F. Quality good

Date started June 13, 1953
 Date completed June 18, 1953

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 Alcove Drilling Contractor
 Address 6800 Peppermit Dr Reno NV Contractor
 Nevada contractor's license number 20692
 Nevada contractor's drillers number 20692
 Nevada driller's license number 989
 Signed William P. Allen Actual Driller
 Contractor
 Date 6-18-53

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