

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Mrs Rae ADDRESS 1080 Bennett  
2. LOCATION W 1/2 SW 1/4 Sec. 19 T. 15 N/S R. 20 E Carson County  
PERMIT NO. \_\_\_\_\_

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 |
|-------------------------------|--------------|------|-----|------------|
| decomposed first water course |              | 1    | 45  | 45         |
| decomposed                    |              | 45   | 50  | 5          |
| decomposed                    |              | 50   | 80  | 30         |
| decomposed                    |              | 80   | 90  | 10         |
| 2d water                      |              | 90   | 120 | 30         |
| clay-sand                     |              | 120  | 128 | 8          |

This permit given by C.C. Health Dept + C.C. Supervisor as replacement well - cemented old well solid

8. WELL CONSTRUCTION  
Diameter hole 8 inches Total depth 128 feet  
Casing record \_\_\_\_\_  
Weight per foot \_\_\_\_\_ Thickness 188  
Diameter From To  
8 inches 1 feet 128 feet  
\_\_\_\_\_ inches \_\_\_\_\_ feet \_\_\_\_\_ feet  
Surface seal: Yes  No  Type Ready Mix  
Depth of seal 50 feet  
Gravel packed: Yes  No   
Gravel packed from \_\_\_\_\_ feet to \_\_\_\_\_ feet  
Perforations:  
Type perforation tough  
Size perforation 1/8 x 1  
From 123 feet to 83 feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
Static water level \_\_\_\_\_ Feet below land surface 32  
Flow \_\_\_\_\_ G.P.M. 20  
Water temperature \_\_\_\_\_ ° F. Quality \_\_\_\_\_

Date started 8-1-, 1982  
Date completed 8-15-, 1982

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 MARCIA + Sons Drilling  
Address 4340 Hwy 50 E  
Nevada contractor's license number 18884  
Nevada driller's license number 707  
Signed Thelma Marcus  
Date 7-11-83