

WELL DRILLERS REPORT

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. 2444

OWNER Mr & Mrs D. Patterson ADDRESS AT WELL LOCATION 3215 Ormsby
 MAILING ADDRESS _____

2. LOCATION NE 1/4 Sec. 6 T. 16N N/S R. 20 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
Hard pan		0	10	10
decomposed		10	25	15
Coarse sand - 1 1/2" water		25	30	5
fine sand		30	50	20
green clay rock		50	60	10
fine sand - 2" water		60	80	20
clay - rock		80	100	20
gravel - clay		100	125	25
3" water				

8. WELL CONSTRUCTION
 Diameter hole 8 inches Total depth 125 feet
 Casing record _____
 Weight per foot _____ Thickness 1.88

Diameter	From	To
<u>8</u> inches	<u>1</u> feet	<u>125</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 20 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation torch
 Size perforation 1/8 x 1/8
 From 120 feet to 40 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 12 feet below land surface
 Flow _____ G.P.M. 15-20 P.S.I.
 Water temperature _____ ° F. Quality _____

Date started 6-25, 1983
 Date completed 7-2, 1983

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 Marcin T Sons Drilling Contractor
 Address 4340 Hwy 50E C.C. New Contractor
 Nevada contractor's license number 18884
 Nevada contractor's drillers number 709
 Nevada driller's license number 709 Actual Driller
 Signed Shelton T. Marcin Contractor
 Date 7-2-83

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