



WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO **2728**
SW 1/4 SE 1/4 9-13-26

PRINT OR TYPE ONLY

1. OWNER **JIM MOSS** ADDRESS AT WELL LOCATION
MAILING ADDRESS **39 FOX LN YEAZINGTON, NEV. 89447**

2. LOCATION **SW 1/4 SE 1/4 Sec. 9 T. 13 S. R. 26 E LYON** 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

5. TYPE WELL
Cable Rotary
Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL-COARSE SAND		0	4	4
COARSE SAND AND GRAVEL		4	15	11
COARSE SAND, GRAVEL w/RED CLAY		15	20	5
COARSE SAND + GRAVEL	X	20	158	138
COARSE SAND + GRAVEL w/ROCK	X	158	163	5
COARSE SAND + GRAVEL	X	163	173	10
COARSE SAND, GRAVEL w/ROCK	X	173	193'8"	6'8"

8. WELL CONSTRUCTION
Diameter hole **12 5/8** inches Total depth **194'8"** feet
Casing record _____
Weight per foot _____ Thickness **.188**
Diameter **8 5/8** inches From **1** feet To **193'8"** feet
Surface seal: Yes No Type **CEMENT**
Depth of seal **50'** feet
Gravel packed: Yes No
Gravel packed from **50** feet to **193'8"** feet

Perforations:
Type perforation **FACTORY SAWED**
Size perforation **3/32" x 3" x 8 Rows**
From **87'** feet to **193'8"** feet
From _____ feet to _____ feet

9. WATER LEVEL
Static water level **65** feet below land surface
Flow _____ G.P.M. _____ P.S.I.
Water temperature **COLD** ° F. Quality **GOOD**

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

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
(A large diagonal line is drawn across this table)			

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name **OGDEN BROS. DRILLING**
Address **162 N. BYBEE LN. YEAZINGTON, NEV**
Nevada contractor's license number **15646**
Nevada contractor's drillers number **870**
Nevada driller's license number **870**
Signed **Billy Ogden** Actual Driller
Date **1-4-84**

BAILER TEST
G.P.M. **4.5** Draw down **1** feet **1/2** hour
G.P.M. _____ Draw down _____ feet _____ hours
G.P.M. _____ Draw down _____ feet _____ hours