

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Fristano Marlia ADDRESS 820 Zolezzi Reno

2. LOCATION NE 1/4 NW 1/4 Sec. 20 T. 18 N/S R. 20 E Washoe County
PERMIT NO. 049109 APW 45-133-22

3. TYPE OF WORK		4. PROPOSED USE			5. TYPE WELL	
New Well <input checked="" type="checkbox"/>	Recondition <input type="checkbox"/>	Domestic <input checked="" type="checkbox"/>	Irrigation <input type="checkbox"/>	Test <input type="checkbox"/>	Cable <input checked="" type="checkbox"/>	Rotary <input type="checkbox"/>
Deepen <input type="checkbox"/>	Other <input type="checkbox"/>	Municipal <input type="checkbox"/>	Industrial <input type="checkbox"/>	Stock <input type="checkbox"/>	Other <input type="checkbox"/>	

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
sand + clay		0	20	20
boulders		20	23	3
sand brown		23	57	34
sand gravels small		57	62	5
sand brown		62	86	24
gravels small sand brown	X	86	123	37

8. WELL CONSTRUCTION

Diameter hole 8 inches Total depth 123 feet
Casing record
Weight per foot Thickness 18.8

Diameter	From	To
<u>7.75</u> inches	<u>7.23</u> feet	
<u>8</u> inches	<u>7.18</u> feet	<u>123</u> feet

Surface seal: Yes No Type concrete
Depth of seal 6.0 feet
Gravel packed: Yes No
Gravel packed from _____ feet to _____ feet

Perforations:
Type perforation machine
Size perforation 3/16 X 2
From 1.00 feet to 123 feet
From _____ feet to _____ feet

Date started 3/7, 1984
Date completed 3/9/, 1984

7. WELL TEST DATA

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

9. WATER LEVEL

Static water level 55 Feet below land surface
Flow _____ G.P.M.
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 Thomas R Beck
Address 6168 Stone Hills, Salem, Oregon
Nevada contractor's license number 14170
Nevada driller's license number 1258
Signed Thomas R Beck
Date 3/9/84

BAILER TEST

G.P.M. <u>6.0</u>	Draw down <u>50</u> feet	<u>1 1/2</u> hours
G.P.M. _____	Draw down _____ feet	_____ hours
G.P.M. _____	Draw down _____ feet	_____ hours