



WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. *1649V*

1. OWNER *M. Kelly M.M. Kelly* ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS *P.O. Box 13 Lathrop Spring* _____

2. LOCATION *SE 1/4 SE 1/4 Sec 3 T. 17 N/S R. 23 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
<i>top soil</i>		<i>0</i>	<i>2</i>	<i>2</i>
<i>hard brown clay</i>		<i>2</i>	<i>10</i>	<i>8</i>
<i>sandy clay</i>		<i>10</i>	<i>22</i>	<i>12</i>
<i>hard brown clay</i>		<i>22</i>	<i>62</i>	<i>40</i>
<i>clay sand gravel</i>		<i>62</i>	<i>88</i>	<i>26</i>
<i>sand, water gravel</i>	<i>16/88</i>	<i>88</i>	<i>95</i>	<i>7</i>
<i>broken clay</i>		<i>95</i>	<i>99</i>	<i>4</i>
<i>sand gravel</i>		<i>99</i>	<i>110</i>	<i>11</i>
<i>broken clay</i>		<i>110</i>	<i>114</i>	<i>4</i>
<i>sand gravel</i>		<i>114</i>	<i>120</i>	<i>6</i>
<i>black sand gravel</i>		<i>120</i>	<i>135</i>	<i>15</i>
<i>clay</i>		<i>135</i>	<i>136</i>	<i>1</i>

8. *10'50'* WELL CONSTRUCTION
 Diameter hole *8 1/2* inches Total depth *136* feet
 Casing record *8 5/8*
 Weight per foot *16.5* Thickness *188W*

Diameter	From	To
<i>8</i> inches	<i>0</i> feet	<i>136</i> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type *concrete*
 Depth of seal *50'* feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation *Factory*
 Size perforation *3 x 3/32*
 From *98* feet to *132* feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level *86* feet below land surface
 Flow _____ G.P.M. *20* P.S.I.
 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 *Lathrop Well Drilling* Contractor
 Address *P.O. Box 543 Dayton, Nev.* Contractor
 Nevada contractor's license number *14020*
 Nevada contractor's drillers number *717*
 Nevada driller's license number *717* Actual Driller
 Signed *Warren W. Lathrop* Contractor
 Date *Sept 18, 1982*

Date started *Sept 13*, 19*82*
 Date completed _____, 19____

7. WELL TEST DATA

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

BAILER TEST
 G.P.M. *20* Draw down *5* feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours