



WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 2764

PRINT OR TYPE ONLY

1. OWNER ROY & PAT GARATE ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS BEDWAWE NV 89821 _____
 2. LOCATION NW 1/4 NG 1/4 Sec 9 T 30 N S R 48 E EUREKA 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
<u>BOULDER, SAND, CLAY & SOIL</u>		<u>0</u>	<u>15</u>	<u>15</u>
<u>SAND & CLAY</u>		<u>15</u>	<u>45</u>	<u>30</u>
<u>CLAY & BOULDERS</u>		<u>45</u>	<u>65</u>	<u>20</u>
<u>SAND, GRAVEL & CLAY STREAKS</u>		<u>65</u>	<u>185</u>	<u>120</u>
<u>WATER</u>	<u>155</u>			
<u>TR D.</u>	<u>185</u>			

8. WELL CONSTRUCTION
 Diameter hole 10 & 7/8 inches Total depth 125 feet
 Casing record 186 PL x 6 7/8
 Weight per foot 12.92 Thickness 1.88
 Diameter From To
6 7/8 inches +1 feet 185 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Cement
 Depth of seal 57 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation Mill slots
 Size perforation 1/8" x 3" x
 From _____ feet to _____ feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 140 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold ° F. Quality Good

Date started 7/19, 1984
 Date completed 7/25, 1984

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 Muth Drilling Co.
 Address 203 Pine Street
Elko Nevada 89801
 Nevada contractor's license number 10819
 Nevada contractor's drillers number 632
 Nevada driller's license number 941 R.W. MANN Actual Driller
 Signed James Y. Muth Contractor
 Date 9/5/84

BAILER TEST
 G.P.M. 8 Draw down 30 feet 4 hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours