

OFFICE USE ONLY
 Log No. 25968
 Permit No. _____
 Basin 6-83 Tracy Sediment
 NOTICE OF INTENT NO. 7040

WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

1. OWNER Kenneth Trimble ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P. O. Box 47 1910 Morgan Rd
Virginia City, Nv 89440
 2. LOCATION NW 1/4 NE 1/4 Sec 5 T 17 N/S R 21 E Storey County
 PERMIT NO. 03-111-25 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 air

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Overburden		0	10	10
gray & white rock	X	10	30	20
green & Blackish rock		30	66	36
purple & green rock with white spec		66	160	94
soft blue & white clay stone		160	176	16
Blue green & white rock medium soft		176	280	104
white clay stone		280	380	100
T.D. 380				

This bore hole is dry - filled with 5 sack well grout from top to bottom.

8. WELL CONSTRUCTION

Diameter hole _____ inches Total depth _____ feet
 Casing record _____
 Weight per foot _____ Thickness _____
 Diameter From To
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type _____
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level _____ feet below land surface
 Flow _____ G.P.M. _____ 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 Aqua Drilling and Well Service, Inc. Contractor
 Address 2255 Glendale Ave. Sparks, Nv 89431 Contractor
 Nevada contractor's license number 15291
 Nevada contractor's drillers number 1132
 Nevada driller's license number 1132 Actual Driller
 Signed Roger M. Thrall Contractor
 Date 5/14/86

Date started 5/8/86, 19____
 Date completed 5/13/86, 19____

7. WELL TEST DATA **2145 ENGINEER**

Pump RPM	G.P.M.	Draw Down	After Hours Pump
			<u>00 11/13</u>

BAILER TEST

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