

OFFICE USE ONLY
 Log No. 26073
 Permit No. _____
 Basin _____

WELL DRILLERS REPORT

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. 6045

1. OWNER Jerry Swan/ Ben Lyman ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 1300 Saffey Mt. Ranch Road
Carson City, Nv 89701 off Mt. Rose Hwy
 2. LOCATION SW $\frac{1}{4}$ NW SW $\frac{1}{4}$ Sec. 25 T. 18 N/S R. 19 E. Washoe County
 PERMIT NO. 45-031-26 - - - - -

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	12	12
D.G. & boulders		12	44	32
granodirite hard		44	50	6
D.G. and sands Black to purple in color		50	157	107
Frist M ^o	130'			
T.D. 157				

8. 10"-50" WELL CONSTRUCTION
 Diameter hole 8 inches Total depth 150 feet
 Casing record 6 5/8 - .188
 Weight per foot 12/92 Thickness .188
 Diameter From To
6 5/8 inches +2 feet 150 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type grout
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from 50 feet to 150 feet
 Perforations:
 Type perforation factory
 Size perforation 3/32 X 3
 From 130 feet to 150 feet
 From _____ feet to _____ feet

Date started 2/7/86, 19_____
 Date completed 2/10/86, 19_____

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>Blew with air to clean and develop.</u>			
<u>Pumping level at 25 RPM was 93'</u>			

9. WATER LEVEL
 Static water level 85 feet below land surface
 Flow 25+ G.P.M. _____ P.S.I.
 Water temperature cool ° 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
 Roger M. Thrall Contractor
 Date 2/12/86

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