

WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 9865

1. OWNER Mrs. Neuke ADDRESS AT WELL LOCATION 120 Puntail
MAILING ADDRESS _____

2. LOCATION SE 1/4 SW 1/4 Sec. 32 T. 17 N/S R. 20 E New Washoe County
PERMIT NO. 150-416-017 45 BKA #5 (New Washoe City)
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>Decomposed boulders</u>		<u>0</u>	<u>25</u>	<u>25</u>
<u>decomposed-rock</u>		<u>25</u>	<u>35</u>	<u>10</u>
<u>fine water</u>		<u>35</u>	<u>80</u>	<u>45</u>
<u>Decomposed gravel-water</u>		<u>80</u>	<u>90</u>	<u>10</u>
		<u>90</u>	<u>105</u>	<u>15</u>
		<u>105</u>	<u>25</u>	<u>20</u>

8. WELL CONSTRUCTION
Diameter hole 6 inches Total depth 125 feet
Casing record _____
Weight per foot _____ Thickness .188
Diameter From To
6 inches 0 feet 125 feet
_____ inches _____ feet _____ feet
Surface seal: Yes No Type Ready Mix
Depth of seal _____ feet
Gravel packed: Yes No
Gravel packed from _____ feet to _____ feet
Perforations:
Type perforation touch
Size perforation 1/4 x 3/8
From 120 feet to 70 feet
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 75 feet below land surface
Flow _____ G.P.M. 15-20 P.S.I.
Water temperature Cold F. Quality _____

Date started 8-4- 1985
Date completed 8-15 1985

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 Marcin + Sons Drilling Contractor
Address 4340 Hwy 50 E Contractor
Nevada contractor's license number 1018884
Nevada contractor's drillers number _____
Nevada driller's license number 701 Actual Driller
Signed Thelma D. Marcin Contractor
Date 8-17-85

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