

WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 5820

1. OWNER BILL BRADLEY ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS PO. BOX 60697 720 CHICKADEE
RENO, NV 89506 RENO, NV 89506
 2. LOCATION NE 1/4 SW 1/4 Sec. 23 T. 21N N/S R. 19 E WASHOE County
 PERMIT NO. 080-279-01 LEMMON VALLEY
 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 Other A-1FZ

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL ^{1/2} SOFT BROWN SAND		0	7	7
BROWN SANDY CLAY		7	49	42
SOFT ZONE SAND		49	51	2
SOFT BROWN SANDY CLAY		51	79	28
SOFT ZONE FINE BROWN SAND		79	89	10
BROWN SANDY CLAY		89	117	28
SOFT ZONE COARSE SANDS (5 GPM)	X	117	124	7
BROWN CLAY		124	130	6
COARSE SAND	X	130	141	11
BROWN CLAY		141	143	2
BROWN SAND		143	145	2
BROWN CLAY		145	150	5

8. WELL CONSTRUCTION
 Diameter hole 6 1/8 inches Total depth 150 feet
 Casing record 150
 Weight per foot _____ Thickness 156
 Diameter From To
6 1/8 inches 0 feet 150 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type cement
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from 50 feet to 150 feet
 Perforations:
 Type perforation factory sawed slot
 Size perforation 3/8 x 2 1/2 x 6 around
 From 124 feet to 144 feet
 From _____ feet to _____ feet

Date started 5-20-85, 19_____
 Date completed 5-21-85, 19_____

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level 65 feet below land surface
 Flow 40 G.P.M. P.S.I.
 Water temperature cold °F. Quality clear

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name WAYNE DRILLING of NV, INC
 Contractor
 Address P.O. BOX 12370 RENO, NV 89510
 Contractor
 Nevada contractor's license number 22549
 Nevada contractor's drillers number 908
 Nevada driller's license number 923
 Actual Driller
 Signed Wayne Drilling
 Contractor
 Date May 28, 1985

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