

WELL DRILLERS REPORT

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. 6816

OWNER ED SILVA ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 24 Sierra View Drive Same _____
Reno, NV 89506
 2. LOCATION SE 1/4 SE 1/4 Sec 19 T 21N N/S R 18 E Washoe County
 PERMIT NO. 081-140-20 Cold Springs
 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
Brown clay		0	1	1
Loose gravle		1	2	1
Brown clay with gravels		2	31	29
Brown sandy clay		31	111	80
Soft zone (NO WATER)		111	112	1
Brown clay		112	140	28
Soft zone	X	140	143	3
Brown volcanic rock		143	170	27
Soft zone fracture rock	X	170	181	11
Brown volcanic rock		181	189	8
Soft zone		189	189 193	4
Brown volcanic rock		193	200	7

8. WELL CONSTRUCTION
 Diameter hole 10x 6 inches Total depth 200 feet
 Casing record _____
 Weight per foot _____ Thickness 156
 Diameter 6 5/8" From 0 To 200
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type cement
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from 50 feet to 20 feet
 Perforations:
 Type perforation factory sawed slot
 Size perforation 3/32 x 2 1/2 x 6 around
 From 160 feet to 200 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 113 feet below land surface
 Flow 25 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 Nevada, 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

Date started 1-28-86, 19_____
 Date completed 1-28-86, 19_____

7. WELL TEST DATA

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

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