

WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. _____

1. OWNER Dary Vondko ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____

2. LOCATION $\frac{1}{4}$ $\frac{1}{4}$ Sec. 20 T. 12 S. R. 20 E Douglas County
 PERMIT NO. _____

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>Alpha Roots, rock</u>		<u>0</u>	<u>-</u>	<u>-</u>
<u>and top soil</u>		<u>-</u>	<u>2</u>	<u>2</u>
<u>rock, sand</u>		<u>2</u>	<u>18</u>	<u>16</u>
<u>clay & rubble stone</u>	<u>V18</u>	<u>18</u>	<u>49</u>	
<u>clay & rubble stone, sand</u>	<u>V49</u>	<u>49</u>	<u>91</u>	

8. 12-50' WELL CONSTRUCTION

Diameter hole 8-41 inches Total depth 91 feet
 Casing record 858
 Weight per foot 16.5 Thickness 188W11

Diameter	From	To
<u>8</u> inches	<u>0</u> feet	<u>91</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type concrete
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation Factory
 Size perforation 3x3/8"
 From 51 feet to 91 feet
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 41 feet below land surface
 Flow _____ G.P.M. 20 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 Lakrum Well Drilling Contractor
 Address P.O. Box 543 Dayton, Nev. Contractor
 Nevada contractor's license number 14020
 Nevada contractor's drillers number 717
 Nevada driller's license number 717 Actual Driller
 Signed Walter W Lakrum Contractor
 Date Oct 16, 1984

7. WELL TEST DATA

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

BAILER TEST

G.P.M. _____ Draw down 0 feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours