

**WELL DRILLERS REPORT**

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 5419

1. OWNER Hal Wheeler ADDRESS AT WELL LOCATION Tuller Ln.  
 MAILING ADDRESS \_\_\_\_\_

2. LOCATION 1/4 Sec. 35 T. 12 N/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  Other   
 5. TYPE WELL  
 Cable  Rotary   
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Clay & gravel		0	15	
clay		15	40	
Clay & gravel		40	68	
gravel		68	78	
Clay & gravel		78	90	
gravel	X	90	110	
Clay		110	113	

8. WELL CONSTRUCTION  
 Diameter hole 8 inches Total depth 113 feet  
 Casing record 71-113  
 Weight per foot \_\_\_\_\_ Thickness 188  

Diameter	From	To
<u>12</u> inches	0 feet	50 feet
<u>8</u> inches	50 feet	113 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 3 x 3/32  
 From 90 feet to 110 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 38 feet below land surface  
 Flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature cold ° F. Quality Good

10. DRILLERS CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Kawchack drilling inc. Contractor  
 Address Box 536, Gardnerville, Nv. Contractor  
 Nevada contractor's license number 021268  
 Nevada contractor's drillers number 545  
 Nevada driller's license number 1443  
 Signed Steve Kawchack Actual Driller  
 Date 4-22-85 Contractor

Date started 4-15 1985  
 Date completed 4-22 1985

7. WELL TEST DATA

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

BAILER TEST  
 G.P.M. 7/2 Draw down 0 feet 1 hours  
 G.P.M. \_\_\_\_\_ Draw down \_\_\_\_\_ feet \_\_\_\_\_ hours  
 G.P.M. \_\_\_\_\_ Draw down \_\_\_\_\_ feet \_\_\_\_\_ hours