

OFFICE USE ONLY
 Log No. 26569
 Permit No. _____
 Basin 8-105 Carson V.

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 7130

PRINT OR TYPE ONLY

1. OWNER Julie Smith ADDRESS AT WELL LOCATION Lot 84 Mel Drive
 MAILING ADDRESS Box 2262
Stateline, Nev.

2. LOCATION $\frac{1}{4}$ $\frac{1}{4}$ Sec. 6 T. 12 S. R. 21 E Douglas County
 PERMIT NO. 35-283-02 Fish Springs Subdivision Name
Issued by Water Resources Parcel No.

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
Clay / Rock		0	14	
Clay & Boulders		14	38	
Clay / Rock		38	46	
Gravel	X	46	50	
Clay / Gravel		50	73	
Streaks of sand and Gravel	XX	73	112	
Clay		112	115	

8. WELL CONSTRUCTION
 Diameter hole 8 5/8 inches Total depth 115 feet
 Casing record 115
 Weight per foot _____ Thickness 219

Diameter	From	To
<u>12</u> inches	<u>0</u> feet	<u>5.5</u> feet
<u>8</u> inches	<u>5.5</u> feet	<u>1.15</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type Grout
 Depth of seal 55' feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation Factory slot
 Size perforation 3 x 3/32
 From 91 feet to 111 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 37 feet below land surface
 Flow _____ G.P.M. _____ 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 KAWCHACK DRILLING, INC.
P. O. Box 536
 Address Gardnerville, NV, 89410
Contractor 767-2138
 Nevada contractor's license number 021268
 Nevada contractor's drillers number 1380
 Nevada driller's license number 763
Actual Driller
 Signed Eddy Kawchack
 Date 5-6-86
Contractor

Date started 4-27-86, 19____
 Date completed 5-5-86, 19____

7. WELL TEST DATA

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

BAILER TEST
 G.P.M. 17 Draw down 4 feet 2 1/2 hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours