

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 2 adjust.

PRINT OR TYPE ONLY

1. OWNER KINGSBURY GENERAL IMPROVEMENT DIST. ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS BOX 2220
STATELINE, NEV 89449
 2. LOCATION SE 1/4 SE 1/4 Sec. 24 T. 13 N/S R. 18 E DOUGLAS County
 PERMIT NO. _____ Issued by Water Resources _____ Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other TEST HOLE

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
SANDY TOP SOIL		0	35	35
FRACTURED GRANIT (white & br.)		35	60	25
FRACTURED GRANIT (wh & blk.)		60	240	180
HARD GRANIT (blk & wh.)		240	260	20
NOTE: open hole was left open, in order for client to perform test pump				
Please void log report #2, and accept log #2 adjustment as correct report to be filed.				
THANK YOU				

8. WELL CONSTRUCTION
 Diameter hole 10" First 50' then 6 inches Total depth 260 feet
 Casing record 6
 Weight per foot _____ Thickness 1/4
 Diameter From To
6" BLANK inches 0 feet 50 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 _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

Date started 11-1-85, 19____
 Date completed 11-4-85, 19____

7. WELL TEST DATA

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

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name HUMBOLDT DRILLING & PUMP CO., INC
BOX 592, WINNEMUCCA, NEV 89445
 Address _____ Contractor
 Nevada contractor's license number 015234
 Nevada contractor's drillers number G-23
 Nevada driller's license number 795 Actual Driller
 Signed [Signature] Contractor
 Date 11-20-85

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