

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 5912

PRINT OR TYPE ONLY

1. OWNER Jim Decker ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 920 Riverview
Gardnerville, Nev.

2. LOCATION $\frac{1}{4}$ Sec. 34 T. 13 S. R. 20 E Douglas County
PERMIT NO. 2A Parcel No. _____ Subdivision Name Toler Rd

3. TYPE OF WORK
New Well Recondition
Deepen Other

4. PROPOSED USE
Domestic Irrigation
Municipal Industrial Test
Stock

5. TYPE WELL
Cable Rotary
Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Clay		0	9	
Gravel	X	9	14	
Clay		14	41	
Clay / Sand	X	41	46	
Clay		46	52	
Clay / Sand		52	70	
Clay / Gravel		70	84	
Clay		84	88	
Sand / Gravel	X	88	103	
Clay / Sand		103	112	
Sand	X	112	122	
Clay		122	128	
Sand	X	128	132	

8. WELL CONSTRUCTION
Diameter hole 8 5/8 inches Total depth 132 feet
Casing record 132
Weight per foot _____ Thickness 188

Diameter	From	To
<u>12 3/4</u> inches	<u>0</u> feet	<u>52</u> feet
<u>8 5/8</u> inches	<u>52</u> feet	<u>132</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type Grout
Depth of seal 52 feet
Gravel packed: Yes No
Gravel packed from _____ feet to _____ feet

Perforations:
Type perforation Factory slot
Size perforation 3 X 3/32
From 88 feet to 128 feet
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 5 feet below land surface
Flow _____ G.P.M. _____ P.S.I.
Water temperature _____ ° F. Quality _____

Date started 8-7-85, 19_____
Date completed 8-26-85, 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 Kawchack Drilling Inc. Contractor
Address Box 536 Gardnerville, Nev. Contractor
Nevada contractor's license number 021268
Nevada contractor's drillers number 1380
Nevada driller's license number 763 Actual Driller
Signed Steve Kawchack Contractor
Date 8-27-85

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