

WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 5920

1. OWNER LOUIS D ROMANO ADDRESS AT WELL LOCATION 1232 STEPHANIE WAY
 MAILING ADDRESS 2379 PAULINE DR. MINDEN NV.
SAN JOSE CALIFORNIA

2. LOCATION $\frac{1}{4}$ $\frac{1}{4}$ Sec. 33 T. 14 N/S R. 20 E DOUGLAS County
 PERMIT NO. _____ Issued by Water Resources Parcel No. _____ Subdivision Name JOHNSON IN.

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
SAND	X	0	7	
SAND & CLAY		7	20	
SAND		20	40	
CLAY		40	57	
SAND & CLAY		57	75	
FINE SAND		75	90	
SAND & CLAY		90	109	
COURSE SAND	XX	109	124	

8. WELL CONSTRUCTION

Diameter hole 8 inches Total depth 124 feet
 Casing record +1-124
 Weight per foot _____ Thickness 188

Diameter	From	To
<u>12</u> inches	<u>0</u> feet	<u>52</u> feet
<u>8</u> inches	<u>52</u> feet	<u>124</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
 Size perforation 3 x 1/16
 From 104 feet to 124 feet
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 4 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature cold ° 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. Contractor
 Address Box 536 Gardnerville Contractor
 Nevada contractor's license number 021268
 Nevada contractor's drillers number 1380
 Nevada driller's license number 1443 Actual Driller
 Signed Edy A Kawchack Contractor
 Date 3-4-86

7. WELL TEST DATA

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

BAILER TEST
 G.P.M. 20 Draw down 3 feet 1 1/2 hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours