



WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 7547

PRINT OR TYPE ONLY

1. OWNER C. Banes ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS PO. Box 1791
Winnemucca Nevada

2. LOCATION NW 1/4 SW 1/4 Sec. 13 T. 34 N 37 E Preshing 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

5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sandy Top soil		0	6	6
Brown clay & gravel		6	17	11
soft brown clay		17	40	23
Hard sandy clay		40	42	2
Soft brown clay		42	46	4
Hard sandy clay		46	50	4
Coarse sand (loose)		50	55	5
Sandy brown clay		55	70	15
Sandy brown clay w/ sand stringers		70	75	5
Sandy & gravel		75	80	5
Brown clay w/ sand stringers		80	100	20

8. WELL CONSTRUCTION
 Diameter hole 6 inches Total depth 100 feet
 Casing record _____
 Weight per foot _____ Thickness _____

Diameter	From	To
<u>6</u> inches	<u>0</u> feet	<u>100</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type Cement
 Depth of seal 50 FT feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation Sawcut
 Size perforation _____
 From 80 feet to 100 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 50 feet below land surface
 Flow good G.P.M. _____ P.S.I. _____
 Water temperature cold ° F. Quality good

Date started 7-21, 1986
 Date completed 7-24, 1986

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 _____ Contractor _____
 Address _____ Contractor _____
 Nevada contractor's license number 5348
 Nevada contractor's drillers number _____
 Nevada driller's license number 795
 Signed Joe L. Armstrong Actual Driller
 Date _____ Contractor _____

BAILER TEST

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