

OFFICE USE ONLY
 Log No. 27687
 Permit No. _____
 Basin 0-1378 B. Smokey Valley
V. Smith

WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 6360

1. OWNER Kenny Berg ADDRESS AT WELL LOCATION Smokey Valley
 MAILING ADDRESS P.O. Box 77 RD. MT., Nev.
89045

2. LOCATION 1/4 N.W. 1/2 Sec. 16 T. 14N. N/S R. 43E. E. NYE 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 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Soil Brown		0	1	1
Sand & Gravel Brown		1	4	3
Gravel & Boulders Brown		4	46	42
Gravel Brown		46	62	16
Gravel Red		62	80	18
Gravel Red	15	80	95	

8. WELL CONSTRUCTION
 Diameter hole 6" inches Total depth 95' feet
 Casing record 6" to 95'
 Weight per foot 11 LBS. Thickness .156

Diameter	From	To
<u>6"</u> inches	<u>0</u> feet	<u>95'</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' feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation Touch
 Size perforation 1/8" by 5"
 From 70' feet to 95' feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 70' feet below land surface
 Flow good G.P.M. _____ P.S.I. _____
 Water temperature 54; ° F. Quality Good

Date started 7-12- 1986
 Date completed 7-14- 1986

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name T&R Drilling Contractor
 Address P.O. Box 1982 Winnucca, Nev. 89445 Contractor
 Nevada contractor's license number 017721
 Nevada contractor's drillers number 1190
 Nevada driller's license number 1187 Actual Driller
 Signed Thomas D. Smith Contractor
 Date 7-15-1986

7. WELL TEST DATA

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

BAILER TEST
 G.P.M. 30 Draw down 10' feet 2 hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours