

**WELL DRILLER'S REPORT**

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. \_\_\_\_\_

1. OWNER LORENE M. McCloskey ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 988 Wilson Rd \_\_\_\_\_  
HAZEN, NV. 89408 \_\_\_\_\_  
 2. LOCATION NW 1/4 NW 1/4 Sec 4 T. 19 N/S R. 29 E Churchill County \_\_\_\_\_  
 PERMIT NO. None 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
<u>Overburden</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>10</u>
<u>Brown clay</u>	<u>0</u>	<u>10</u>	<u>30</u>	<u>20</u>
<u>Brown clay with</u>				
<u>strips of white</u>				
<u>particulate matter</u>				
<u>strips of white mat-</u>				
<u>terial 2" x 4"</u>				
<u>thick with 2" x 4"</u>				
<u>of brown clay 10-</u>	<u>15</u>	<u>30</u>	<u>40</u>	<u>40</u>
<u>feet</u>				

8. WELL CONSTRUCTION

Diameter 6 inches Total depth 70 feet  
 \_\_\_\_\_ inches  
 \_\_\_\_\_ inches

Casing record 70'  
 Weight per foot \_\_\_\_\_ Thickness 1.88

Diameter	From	To
<u>6</u> inches	<u>7.16"</u>	<u>20</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes  No  Type Well Cement  
 Depth of seal 25 feet  
 Gravel packed: Yes  No   
 Gravel packed from \_\_\_\_\_ feet to \_\_\_\_\_ feet

Perforations:  
 Type perforation Sawid.  
 Size perforation 5/32 x 3"  
 From 41 feet to 70 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Date started 7-31 1986  
 Date completed 8-2 1986

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>3600</u>	<u>125</u>	<u>46</u>	<u>21.5</u>
_____	_____	_____	_____
_____	_____	_____	_____

9. WATER LEVEL

Static water level 15 feet below land surface  
 Flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature Cold °F Quality Excellent

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Water-Rite Well Drilling Contractor  
 Address P.O. Box 553, T7/101, NV. 89406 Contractor

Nevada contractor's license number issued by the State Contractor's Board 0023978  
 Nevada contractor's driller's number issued by the Division of Water Resources 1473  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1473

Signed Michael McGowan  
 By driller performing actual drilling on site or contractor  
 Date 8-6-86

BAILER TEST

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