

WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. _____

1. OWNER Donna Rice ADDRESS AT WELL LOCATION Wellington, Nev. 89444
 MAILING ADDRESS Wellington, Nev. 89444

2. LOCATION N 1/2 NE 1/4 Sec. 3 T. 11 N. R. 23 E. Lyon 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

5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sandy loam topsoil</u>		<u>0</u>	<u>6</u>	<u>6</u>
<u>Sand and small gravel</u>	<u>Yes</u>	<u>6</u>	<u>28</u>	<u>22</u>
<u>Yellow clay</u>		<u>28</u>	<u>42</u>	<u>14</u>
<u>Sand (coarse) some small clay stratas</u>	<u>Yes</u>	<u>42</u>	<u>112</u>	<u>70</u>

8. WELL CONSTRUCTION

Diameter hole 8 inches Total depth 112 feet
 Casing record 112
 Weight per foot _____ Thickness 1.88

Diameter	From	To
<u>8</u> inches	<u>0</u> feet	<u>112</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

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

Perforations:
 Type perforation Saw slot
 Size perforation 3/32" x 4"
 From 91 feet to 112 feet
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 20 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold ° F. Quality Good

10. DRILLERS CERTIFICATION

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

Name Edmund Miller Contractor
 Address Box 92, Smith, Nev. 89430 Contractor
 Nevada contractor's license number 12272
 Nevada contractor's drillers number 12272
 Nevada driller's license number 718 Actual Driller
 Signed Edmund Miller Contractor
 Date 8-15-86

7. WELL TEST DATA

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

+ BAILER TEST

G.P.M. 30 Draw down 8 feet 3 hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours