

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 5741

PRINT OR TYPE ONLY

1. OWNER Geoffrey House ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 1632 Delrose Sparks Nev. 505 Riverbend Verde
2. LOCATION SE 1/4 SW 1/4 Sec 27 T 19 N/S R 18 E Washoe 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
<u>Boulders + Clay</u>		<u>0</u>	<u>20</u>	<u>20</u>
<u>Clay</u>		<u>20</u>	<u>80</u>	<u>60</u>
<u>Boulders Less Circulation</u>		<u>80</u>	<u>85</u>	<u>5</u>
<u>No water</u>				
<u>Wood + Cracks Clay</u>		<u>85</u>	<u>90</u>	<u>5</u>
<u>Clay</u>		<u>90</u>	<u>190</u>	<u>100</u>
<u>Truckee Formation</u>		<u>190</u>	<u>222</u>	<u>32</u>

8. WELL CONSTRUCTION
Diameter hole 10 3/8 inches Total depth 222 feet
Casing record 8 3/4 + 20 = 222 6 5/8
Weight per foot 10 Thickness 1.56
Diameter From To
6 5/8 inches 0 feet 222 feet
_____ inches _____ feet _____ feet
Surface seal: Yes No Type Cement
Depth of seal 90' feet
Gravel packed: Yes No
Gravel packed from 100 feet to 222 feet
Perforations:
Type perforation Factory
Size perforation 3/32 x 3
From 160 feet to 222 feet
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 120 feet below land surface
Flow 0 G.P.M. 30 P.S.I.
Water temperature Cold ° F. Quality _____

Date started 3/5 1986
Date completed 3/10 1986

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>Blown</u>	<u>30</u>	<u>0</u>	<u>5 Hr</u>

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Sierra Pump Drilling Contractor
Address Carson City Contractor
Nevada contractor's license number 0122360
Nevada contractor's drillers number 1
Nevada driller's license number 1001 Actual Driller
Signed Curtis Bludworth by Rich Strawn Contractor
Date 3/11/86

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

