

WELL DRILLERS REPORT

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. 6238

1. OWNER SHELBY GUELICH ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS Box 66689 _____
Scotts Valley, CA 95066 _____
 2. LOCATION NE 1/4 NE 1/4 Sec. 21 T. 19 N/S R. 47 E LANDER County _____
 PERMIT NO. (44691) 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
CEMENTED GRAVEL		0	10	10
GRAVEL		10	18	8
GRAVEL W/s CLAY		18	40	32
CLAY		40	60	20
PEA GRAVEL		60	70	10
PEA GRAVEL W/CLAY		70	80	10
CLAY W/s SAND		80	100	20
CLAY		100	118	18
SAND & GRAVEL		118	121	3
CLAY		121	128	7
GRAVEL W/s CLAY		128	136	8
CLAY W/s PEA GRAVEL		136	139	3
SAND & GRAVEL W/s CLAY		139	148	8
CLAY W/s SAND		148	154	6
GRAVEL W/s SAND & CLAY		154	159	5
CLAY W/s SAND		159	163	4
SAND & GRAVEL W/s CLAY		163	178	15
CLAY W/s SAND		178	186	8
SAND & GRAVEL W/s CLAY		186	188	2
CLAY W/s SAND		188	195	7
GRAVEL W/s CLAY		195	204	9
CLAY W/s SAND		204	217	13
SAND & GRAVEL W/s CLAY		217	225	8
CLAY		225	234	9
SAND & GRAVEL W/s CLAY		234	247	13
CLAY W/s SAND		247	250	2
GRAVEL & SAND W/s CLAY		250	265	15

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

Diameter	From	To
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type _____
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

(continued)
 Date started _____, 19____
 Date completed _____, 19____

7. WELL TEST DATA

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

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

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 _____
 Nevada contractor's drillers number see pg 2
 Nevada driller's license number _____ Actual Driller _____
 Signed _____ Contractor _____
 Date _____

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

