

WELL DRILLERS REPORT

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. 7253

1. OWNER Mike Coli ADDRESS AT WELL LOCATION 610 front st
 MAILING ADDRESS Verde Verde Nev.
 2. LOCATION 1/4 Sec. 17 T. 19 N/S R. 18 E Washoe County
 PERMIT NO. 70-2845 | 038-412-10 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>sand gravel</u>				
<u>boulders</u>		<u>0</u>	<u>21</u>	<u>21</u>
<u>grey clay</u>		<u>21</u>	<u>43</u>	<u>22</u>
<u>lignite</u>		<u>43</u>	<u>45</u>	<u>2</u>
<u>trucker formation</u>		<u>45</u>	<u>117</u>	<u>72</u>
<u>green sandy clay</u>		<u>117</u>	<u>121</u>	<u>4</u>
<u>grey shale fractured</u>	<u>X</u>	<u>121</u>	<u>140</u>	<u>19</u>

8. WELL CONSTRUCTION

Diameter hole 10 inches Total depth 140 feet
 Casing record _____
 Weight per foot 9 Thickness 156
 Diameter 6 7/8 od inches From 0 feet To 140 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type pumpjacked
 Depth of seal 104 feet
 Gravel packed: Yes No
 Gravel packed from 104 feet to 140 feet
 Perforations:
 Type perforation factory sawed
 Size perforation 3-32 x 2 1/2
 From _____ feet to _____ feet
 From 120 feet to 140 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level approx. 25 feet below land surface
 Flow _____ G.P.M. 15
 Water temperature not ° F. Quality unknown

10. DRILLERS CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Paul Williams Contractor
 Address 22 So. Patterson, Sparks Contractor
 Nevada contractor's license number 14483
 Nevada contractor's drillers number 957
 Nevada driller's license number 957 Actual Driller
 Signed Paul E. Williams M. Contractor
 Date 11-6-86

7. WELL TEST DATA

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

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