

WELL DRILLERS REPORT

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. _____

1. OWNER Pilot Valley Properties ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS WENDOVER _____
 2. LOCATION N 1/4 N 1/4 Sec 3 T 36 N 8 R 69 E ELKO 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
TOP SOIL		0	5 FT	5 FT
GRAY CLAY		5 FT	15 FT	10 FT
SAND / GRAVEL		15 FT	20 FT	5 FT
CLAY / GRAVEL		20 FT	40 FT	20 FT
GRAVEL		40 FT	50 FT	10 FT
SAND		50 FT	65 FT	15 FT
CLAY / GRAVEL		65 FT	90 FT	25 FT
GRAVEL / CLAY		90 FT	105 FT	15 FT
BROWN CLAY		105 FT	150 FT	45 FT
CLAY / GRAVEL		150 FT	160 FT	10 FT

8. WELL CONSTRUCTION
 Diameter hole 12 1/4 inches Total depth 160 feet
 Casing record 160 FEET 8" CASING
 Weight per foot _____ Thickness 1.88

Diameter	From	To
<u>8</u> inches	<u>160</u> feet	<u>0</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type WELDED CAP
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from 160 feet to 50 feet
 Perforations:
 Type perforation FACTORY
 Size perforation 1/2 INCH
 From 160 feet to 65 feet
 From _____ feet to _____ feet

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 C.M. Robinson, Jr. Contractor
 Address Box 470 Primm, NV Contractor
 Nevada contractor's license number 020684
 Nevada contractor's drillers number _____
 Nevada driller's license number 1333 Actual Driller
 Signed [Signature] Contractor
 Date 7-28-83

Date started 6-15, 1983
 Date completed 6-17, 1983

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