

OFFICE USE ONLY
 Log No. 28128
 Permit No. _____
 Basin 7-026

WELL DRILLER'S REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 8207

1. OWNER Robert Leverett ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 80 E. Skyranch 11560 Cheaspeake
Sparks, Nv 89431
 2. LOCATION SW 1/4 SE 1/4 Sec. 15 T. 21 N/S R. 19 E. Washoe County
 PERMIT NO. _____ Parcel No. 80-332-16 Subdivision Name Lenmon Valley
Issued by Water Resources

3. TYPE OF WORK
 New Well Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock

5. TYPE WELL
 Cable Rotary
 Other Air

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Hard Pan		0	31	31
D.G. and brown Clays		31	158	127
T. D. 158				

8.10" - 56' WELL CONSTRUCTION
 Diameter 8 3/4 inches Total depth 158 feet
 Casing record 6 5/8
 Weight per foot 10.78 & 12.92 Thickness 156 & 188

Diameter	From	To
<u>6 5/8</u> inches	<u>+2</u> feet	<u>158</u> feet

 Surface seal: Yes No Type grout
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from 50 feet to 158 feet
 Perforations:
 Type perforation 3/32 X 3 factory
 Size perforation 3/32 X 3
 From 138 feet to 158 feet

Date started 1/21/87, 19____
 Date completed 1/22/87, 19____

9. WATER LEVEL
 Static water level 90 feet below land surface
 Flow 10 G.P.M. P.S.I. _____
 Water temperature cold °F Quality _____

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
Blew well with air to clean and develop.			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Aqua Drilling and Well Service, Inc.
 Address 2255 Glendale Ave. Sparks, Nv 89431
 Nevada contractor's license number 15291
 issued by the State Contractor's Board
 Nevada contractor's driller's number 1132
 issued by the Division of Water Resources
 Nevada driller's license number issued by the 1132
 Division of Water Resources, the on-site driller
 Signed Roger M. Thrall
 By driller performing actual drilling on site or contractor
 Date Roger M. Thrall 1/23/87

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