



WELL DRILLERS REPORT

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. 5769

1. OWNER J. K. WILZAMS ADDRESS AT WELL LOCATION 21 LEMMA
 MAILING ADDRESS 20151 E. WINDCAT CR. RD. SANDY, OR. 97055

2. LOCATION N.R. 1/4 Sec. 29 T. 14 S. R. 25 E. 2400' 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>ALLUVIAL FILL</u>		<u>0</u>	<u>2</u>	<u>2</u>
<u>ALLUVIAL FILL w/ Rock</u>		<u>2</u>	<u>30</u>	<u>28</u>
<u>ALLUVIAL FILL</u>		<u>30</u>	<u>90</u>	<u>60</u>
<u>ALLUVIAL FILL w/ Rock</u>	<u>X</u>	<u>90</u>	<u>110</u>	<u>20</u>
<u>ALLUVIAL FILL</u>	<u>X</u>	<u>120</u>	<u>160</u>	<u>50</u>

8. WELL CONSTRUCTION
 Diameter hole 10 inches Total depth 160 feet
 Casing record _____
 Weight per foot _____ Thickness 156
 Diameter 6 3/8 inches From 1 feet To 157 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type GRAVIT
 Depth of seal 50' feet
 Gravel packed: Yes No
 Gravel packed from 50 feet to 157 feet
 Perforations:
 Type perforation SPURD
 Size perforation 3/32" x 3" x 6 Rows
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Date started 4-18, 1987
 Date completed 4-20, 1987

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level 96'6" feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold ° F. Quality Cold

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name OGDEN BROS DRILLING Contractor
162 N. BYRD RD.
 Address YERZA GLEN, NV. 89447 Contractor
 Nevada contractor's license number 15646
 Nevada contractor's drillers number 530 + 870
 Nevada driller's license number 530 Actual Driller

BAILER TEST
 C.P.M. 20 GPM Draw down 3 feet 1/2 hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours

Signed Bill Oph Contractor
 Date 4-22-87