

WELL DRILLER'S REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 13235

PRINT OR TYPE ONLY

1. OWNER LIVERNE ANDERSON ADDRESS AT WELL LOCATION _____

MAILING ADDRESS Route #2 Box 232
Tempehston Calif 93465

2. LOCATION NE 1/4 NE 1/4 Sec 30 T 1 N SR 35 E Esmeralda 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
SAND + GRAVEL		0	15	
Boulders		15	42	
SAND + GRAVEL		42	75	
3/4 + Gravel		75	80	
SAND + Gravel		80	88	
Boulders		88	90	
SAND + Gravel		90	97	
Boulders		97	99	
SAND + Gravel		99	140	

8. WELL CONSTRUCTION
 Diameter 12 1/4 inches Total depth 140 feet
 _____ inches
 _____ inches
 Casing record _____
 Weight per foot _____ Thickness 156

Diameter	From	To
<u>6 5/8</u> inches	<u>1</u> feet	<u>140</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type Grout
 Depth of seal 36 feet
 Gravel packed: Yes No
 Gravel packed from 36 feet to 140 feet
 Perforations:
 Type perforation Saw Cut
 Size perforation 3 3/8
 From 100 feet to 140 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level _____ feet below land surface
 Flow 20 G.P.M. _____ P.S.I.
 Water temperature cool °F Quality Good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Fred Anderson Contractor
 Address 10760 Grass Valley Rd Contractor
 Nevada contractor's license number issued by the State Contractor's Board 021467
 Nevada contractor's driller's number issued by the Division of Water Resources 01375
 Nevada driller's license number issued by the Division of Water Resources the on-site driller 01375
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date _____

Date started 11-16, 1987
 Date completed 11-17, 1987

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

'89 NOV 20 AM 11:32
 STATE ENGINEERS OFFICE