

WELL DRILLER'S REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 13878

PRINT OR TYPE ONLY

1. OWNER Lee Brinkerhoff ADDRESS AT WELL LOCATION 20th NW Winnemucca
 MAILING ADDRESS P.O. Box 1411 Silver State Valley
Winnemucca, NV. 89445
 2. LOCATION S. 1/4 NE 1/4 Sec. 19 T. 31 N/S R. 37 E. Humboldt County
 PERMIT NO. _____ Issued by Water Resources Parcel No. NONE 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		0	26	
Clay & Gravel		26	30	
Gravel & BK. Sand		30	60	
D.G. & Sand		60	110	
D.G. & Brown Clay		110	130	
D.G. & Sand		130	150	
" "		150	200	
Sand & Clay		200	300	

8. WELL CONSTRUCTION
 Diameter 10 inches Total depth 300 feet
 _____ inches
 _____ inches
 Casing record _____
 Weight per foot _____ Thickness 1.56
 Diameter From To
6 inches +1 feet 300 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Cement
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from 50 feet to 300 feet
 Perforations:
 Type perforation Factory
 Size perforation 1/8 in slots
 From 280 feet to 300 feet
 From _____ feet to _____ feet

Date started May 31 1990
 Date completed June 4 1990

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	<u>20</u>	<u>air jet</u>	

9. WATER LEVEL
 Static water level 120 feet below land surface
 Flow 20 G.P.M. _____ P.S.I.
 Water temperature _____ °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 American Drilling Contractor
 Address P.O. Box 1878 Winnemucca, NV. 89445 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0020578
 Nevada contractor's driller's number issued by the Division of Water Resources _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 730
 Signed Gene La Miser By driller performing actual drilling on site or contractor
 Date _____

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