

OFFICE USE ONLY
Log No. 34156
Permit No. _____
Basin 8-105

WELL DRILLERS REPORT

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO 14895

1. OWNER Jeff Peterson ADDRESS AT WELL LOCATION _____
MAILING ADDRESS PO Box 2222 1558 E Valley Rd
Minclan NV 89423
2. LOCATION NW 1/4 NE 1/4 Sec 35 T 13 N/S R 20 E Douglas County
PERMIT NO. 23-245-27
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
CLAY & SAND		0	20	
SAND		20	30	
SAND	X	30	40	
SAND & GRAVEL		40	50	
CLAY SAND & GRAVEL		50	60	
SAND & CLAY		60	70	
GRAVEL		70	75	
CLAY & SAND		75	140	
CLAY SAND & GRAVEL	XX	140	145	
CLAY & SAND		145	160	
CLAY SAND & GRAVEL	XX	160	165	
CLAY & SAND		165	170	
CLAY SAND & GRAVEL	XX	170	175	
CLAY & SAND		175	190	
CLAY SAND & GRAVEL	XX	190	195	
SAND	X	195	210	
GRAVEL & SAND	XX	210	220	

90 AUG 13 AM 9:35
STATE ENGINEERS

8. WELL CONSTRUCTION

Diameter hole 10 inches Total depth 220 feet
Casing record ARM A 20/053
Weight per foot _____ Thickness 188
Diameter From To
6 inches 0 feet 220 feet
_____ inches _____ feet _____ feet
Surface seal: Yes No Type grout
Depth of seal 0/00 feet
Gravel packed: Yes No
Gravel packed from 220 feet to 50 feet
Perforations:
Type perforation Factory RAF
Size perforation 3" x 5/32"
From 220 feet to 200 feet
From _____ feet to _____ feet

9. WATER LEVEL

Static water level 28 feet below land surface
Flow 40+ G.P.M. _____ P.S.I.
Water temperature 60k ° F. Quality good

10. DRILLERS CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Lawchack Drilling Inc. Contractor
Address 2668 Filler Minclan NV 89423 Contractor
Nevada contractor's license number #22268
Nevada contractor's drillers number #1380
Nevada driller's license number #1495 Actual Driller
Signed Michael Allen Contractor
Date 8-4-90

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>612</u>	<u>40+</u>		<u>2hrs</u>

BAILER TEST

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