

WELL DRILLER'S REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 15293

PRINT OR TYPE ONLY

1. OWNER E. J. ERYLEBEN ADDRESS AT WELL LOCATION SAME
MAILING ADDRESS 795 PAWNEE ST
C.C., NV

2. LOCATION NE 1/4 NE 1/4 Sec 12 T. 14 N. R. 19 E. DOUGLAS County
PERMIT NO. 22 Subdivision Name VALLEY VIEW
Issued by Water Resources Parcel No. _____

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
DESERT ALLUVIUM		0	2	2
SAND, SILT, COBBLES, BLDGS		2	37	35
ALTERED YLW, BRWN GRANITE OUTWASH	X	37	169	132
ALTERED GRAY-BLW GRANITE/ANDESITE OUTWASH		169	202	33

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STATE OF NEVADA

8. WELL CONSTRUCTION
Diameter 8 inches Total depth 202 feet
Casing record
Weight per foot _____ Thickness 1.56
Diameter From To
5 9/16 inches 0 feet 199 feet
Surface seal: Yes No Type CASING LINER
Depth of seal _____ feet
Gravel packed: Yes No
Gravel packed from 0 feet to 199 feet
Perforations:
Type perforation SAWCUT
Size perforation 3/32 X 2"
From 119 feet to 199 feet

9. WATER LEVEL
Static water level 83 feet below land surface
Flow 15-20 G.P.M. Air _____ P.S.I.
Water temperature 60.0 °F Quality ?

Date started August 3, 1990
Date completed August 4, 1990

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	<u>NA</u>		

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name NEVADA DRILLING, INC Contractor
Address Box 21548 C.C., NV 89721 Contractor
Nevada contractor's license number issued by the State Contractor's Board 13697A
Nevada contractor's driller's number issued by the Division of Water Resources 1539
Nevada driller's license number issued by the Division of Water Resources the on-site driller 1539
Signed Joseph H. Kirsch
By driller performing actual drilling on site or contractor
Date Aug 6, 1990

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