

**WELL DRILLER'S REPORT**

Please complete this form in its entirety

NOTICE OF INTENT NO. 15372

PRINT OR TYPE ONLY

1. OWNER St. Joseph's Logging ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION SE 1/4 Sec 25 T. 11 N/S R. 23 E Lyon Co County  
 PERMIT NO. 10-381-01 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
Top Soil	NO	1	3	3
Brown Clay	NO	3	20	17
Cemented gravel	NO	20	40	20
Sandy Clay	NO	40	80	40
Blk Clay	NO	80	160	80
Brown Clay	NO	160	240	80
Mixed Small gravel/clay	YES	240	270	30
Brown Clay	NO	270	290	20
Cemented gravel	YES	290	300	10

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 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION  
 Diameter 12 inches Total depth 300 feet  
 \_\_\_\_\_ inches  
 \_\_\_\_\_ inches  
 Casing record 8 inches  
 Weight per foot 21 Thickness 188  

Diameter	From	To
<u>8</u> inches	<u>21</u> feet	<u>300</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes  No  Type Cement  
 Depth of seal 100' feet  
 Gravel packed: Yes  No   
 Gravel packed from 100 feet to 300 feet  
 Perforations:  
 Type perforation Factory  
 Size perforation 5/32  
 From 240' feet to 220 feet  
 From 290 feet to 320 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 20 feet below land surface  
 Flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature Cold °F Quality good

Date started \_\_\_\_\_, 19\_\_\_\_  
 Date completed \_\_\_\_\_, 19\_\_\_\_

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	<u>50+</u>	<u>Blown By</u>	
		<u>Air Relay</u>	

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name James O. Conrad Contractor  
 Address \_\_\_\_\_ Contractor  
 Nevada contractor's license number issued by the State Contractor's Board 24849  
 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 \_\_\_\_\_  
 Signed James O. Conrad  
 By driller performing actual drilling on site or contractor  
 Date 1-4-91

BAILER TEST  
 G.P.M. \_\_\_\_\_ Draw down \_\_\_\_\_ feet \_\_\_\_\_ hours  
 G.P.M. \_\_\_\_\_ Draw down \_\_\_\_\_ feet \_\_\_\_\_ hours  
 G.P.M. \_\_\_\_\_ Draw down \_\_\_\_\_ feet \_\_\_\_\_ hours