

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT
 Please complete this form in its entirety in
 accordance with NRS 534.170 and NAC 534.340

LOG USE ONLY
 Log No. **47310**
 Permit No. _____
 Basin. **087**
 NOTICE OF INTENT NO. **21592**

1. OWNER **USGS**
 MAILING ADDRESS **333 W. Nye Ln Carson City NV**
 2. LOCATION **Sec. 13 T. 19 N/S R. 19 E W. 1/4** County _____
 PERMIT NO. **M/0 769** Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other **Auger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Cobbles - Dark Yellow Clay		0	4	4
Yellow Brown Clay		4	10	6
Cobbles and gravel in clay		10	14	4
Sandy clay - pits yellow	X	14	20	6
Sandy clay - yellow brown		20	22	2
Clayey sand yellow brown	X	22	29	7

8. WELL CONSTRUCTION
 Depth Drilled **29** Feet Depth Cased **29** Feet
 HOLE DIAMETER (BIT SIZE)
 4 1/2 Inches From 0 Feet To 29 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2	Sch	40	DVC	

Perforations:
 Type perforation **slot**
 Size perforation **.020**
 From **17** feet to **29** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **5** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **5** feet to **29** feet

9. WATER LEVEL
 Static water level **21.7** feet below land surface
 Artesian flow **NO** G.P.M. _____ P.S.I. _____
 Water temperature _____ °F Quality _____

Date started **7/12**, 19**84**
 Date completed **7/12**, 19**84**

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Armando R. Robledo** Contractor
 Address **1/2 USGS 333 W. Nye Carson City NV** Contractor
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **PP1859**
 Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **12/7/84**