

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. _____

PRINT OR TYPE ONLY

1. OWNER USGS ADDRESS AT WELL LOCATION Magna Pool
 MAILING ADDRESS 333 W Nye Ln S.E. of building 150
Carson City, NV 89706
 2. LOCATION NE 1/4 NW 1/4 Sec 25 T 19 N R 19 E County _____
 PERMIT NO. MO-769 Parcel No. _____ Subdivision Name MOANA Pool
Issued by Water Resources

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock
 5. TYPE WELL
 Cable Rotary
 Other auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
clay + silt with <10% each sand + coarse sand		0	3	3
poorly graded sand with some pea gravel silt, and clay		3	6	3
well graded medium sand with <10% pebbles and small cobbles		6	8	2
pea gravel + pebbles with some silt, sand, and clay		8	9	1
cobbles		9	13	4
sand, silt, clay + pea gravel		13	16	3
cobbles + layers of finer gravel		16	19	3
silt, clay, sand, gravel		19	22	3
clay		22	24	2
pea gravel + pebbles with sand silt + clay		24	45	21

8. WELL CONSTRUCTION
 Diameter hole 4.5 inches Total depth 78 feet
 Casing record _____
 Weight per foot shed 40 PVC Thickness _____
 Diameter _____ inches From _____ feet To 57 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type neat cement
 Depth of seal 7 feet feet
 Gravel packed: Yes No medium sand
 Gravel packed from 13 feet to 78 feet
 Perforations:
 Type perforation factory
 Size perforation 0.02 inches
 From 4.7 feet to 5.7 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 42 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ ° F. Quality _____

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Kathryn C Kilroy Contractor
 Address 333 W. Nye Ln Contractor
 Nevada contractor's license number _____
 Nevada contractor's drillers number _____
 Nevada driller's license number FP 1519 Actual Driller
 Signed Kathryn C Kilroy Contractor
 Date 6/21/94

Date started 6/21, 1994
 Date completed 6/21, 1994

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>94</u>	<u>10</u>	<u>0.155</u>	

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

