

RAAB

WELL DRILLERS REPORT

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. 6811

OWNER MELVIN & JANE COLLINS ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 1140 650 Nectar
Sparks, NV 89432 Lemmon Valley
 2. LOCATION NE 1/4 NW 1/4 Sec 26 T 21 N R 19 E Washoe County
 PERMIT NO. 80-232-05 Lemmon Valley
 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 Air

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top soil		0	1/2	1/2
Brown sandy clay		1/2	68	67 1/2
Soft zone		68	71	3
Brown clay		71	73	2
Gran. sand w/ br. clay		73	105	32
Brown clay		105	112	7
Coarse granite sands	X	112	133	21
Brown clay		133	136	3
Coarse granite sands	X	136	143	7
Brown sandy clay		143	148	5

8. WELL CONSTRUCTION
 Diameter hole 10 x 6 inches Total depth 148 feet
 Casing record 148
 Weight per foot _____ Thickness 156
 Diameter From To
6.5/8 inches 0 feet 148 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Cement
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from 53 feet to 148 feet
 Perforations:
 Type perforation factory sawed slot
 Size perforation 3/32 x 2 1/2 x 6 around
 From 121 feet to 148 feet
 From _____ feet to _____ feet

Date started 12-14-85, 19_____
 Date completed 12-20-85, 19_____

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

9. WATER LEVEL
 Static water level 63 feet below land surface
 Flow 20 G.P.M. _____ P.S.I.
 Water temperature cold ° F. Quality clear

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Wayne Drilling of Nevada, Inc.
 Contractor
 Address P.O. Box 12370, Reno, NV 89510
 Contractor
 Nevada contractor's license number 22549
 Nevada contractor's drillers number 908
 Nevada driller's license number 923
 Actual Driller
 Signed Wayne C. Fedman
 Contractor
 Date December 26, 1985

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