

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Elmer L. Davis ADDRESS PO. Box 1009 Winn. Nev. 89445

2. LOCATION NW 1/4 NW 1/4 Sec. 11 T. 36 N 1/8 R. 37 E Humboldt County
 PERMIT NO. 34811

3. TYPE OF WORK			4. PROPOSED USE			5. TYPE WELL	
New Well <input checked="" type="checkbox"/>	Recondition <input type="checkbox"/>	Deepen <input type="checkbox"/>	Domestic <input type="checkbox"/>	Irrigation <input checked="" type="checkbox"/>	Test <input type="checkbox"/>	Cable <input checked="" type="checkbox"/>	Rotary <input type="checkbox"/>
	Other <input type="checkbox"/>		Municipal <input type="checkbox"/>	Industrial <input type="checkbox"/>	Stock <input type="checkbox"/>	Other <input type="checkbox"/>	

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Soil BRN.		0	2	
CLAY SAND BRN.		2	28	
SAND BRN FINE		28	40	
CLAY BRN.		40	68	
CLAY SANDY BRN.		68	89	
SAND & GRAVEL BRN.	yes	89	110	21

8. WELL CONSTRUCTION

Diameter hole 8 inches Total depth 110 feet
 Casing record 110'
 Weight per foot 14 Thickness 10 GA

Diameter	From	To
<u>8</u> inches	<u>0</u> feet	<u>110</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 50 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation open
 Size perforation 1/2 x 6"
 From 90 feet to 108 feet
 From _____ feet to _____ feet

Date started 6-21- 1980
 Date completed 6-30 1980

9. WATER LEVEL

Static water level 49 Feet below land surface
 Flow _____ G.P.M. 40
 Water temperature 64 ° F. Quality Average

7. WELL TEST DATA

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

10. DRILLERS CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Stites Well Drilling
 Address Street 110 Winn. Nev.
 Nevada contractor's license number 015678
 Nevada driller's license number 1145
 Signed [Signature]
 Date 7-20-80

BAILER TEST

G.P.M. <u>40</u>	Draw down <u>11</u> feet	<u>2</u> hours
G.P.M. _____	Draw down _____ feet	_____ hours
G.P.M. _____	Draw down _____ feet	_____ hours