

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY

Log No. 21474
 Permit No. 30387
 Basin _____

1. OWNER Nevada State Museum ADDRESS Carson City, Nev.

2. LOCATION SW 1/4 NW 1/4 Sec 5 T. 14 N/S R. 20 E Douglas County
 PERMIT NO. _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Med. sharp sand		0	50	50
Med. clayey sand		50	150	100
Sandy clay		150	200	50
Sharp, clayey sand		200	250	50
Sharp, clayey sand		250	300	50
Sharp sands	x	300	330	30
Sharp sands	x	330	357	27
Hard granite		357	365	8
Granite, medium		365	400	35

8. WELL CONSTRUCTION

Diameter hole 5 1/8 inches Total depth 400 feet
 Casing record None
 Weight per foot _____ Thickness _____

Diameter	From	To
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type _____
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Date started 9-24-79, 19_____
 Date completed 9-29-79, 19_____

7. WELL TEST DATA

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

BAILER TEST

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

9. WATER LEVEL

Static water level N/A Feet below land surface _____
 Flow _____ G.P.M.
 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 Robertson Eng. & Drilling
 Address 1401 N. Loop, Carson City
 Nevada contractor's license number 11539
 Nevada driller's license number 682
 Signed [Signature]
 Date 10/1/79