

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO.

PRINT OR TYPE ONLY

1. OWNER DEWIS + SUSAN LAWSKI ADDRESS AT WELL LOCATION 11595 LEMON DR. RENO, NEVADA
 MAILING ADDRESS _____
 2. LOCATION 1/4 Sec. 22 T. 21 N/S R. 19 E WASHOE County
 PERMIT NO. 80-301-03 Parcel No. HEPPNER #3 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CLAY		0	18'	18'
SAND		18	34	16'
CLAY		34	36	2'
GRAVEL + SAND		36	50	14'
CLAY w/ FINE SAND		50	83	33'
SOLID CLAY		83	86	3'
CLAY w/ MEDIUM TO COARSE SAND		86	172	86'

8. WELL CONSTRUCTION
 Diameter hole 10 1/2 inches Total depth 173' feet
 Casing record _____
 Weight per foot _____ Thickness 156

Diameter	From	To
<u>10 1/2</u> inches	0 feet	172 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 50 feet to 172' feet
 Perforations:
 Type perforation FACTORY SCOT
 Size perforation 3/32
 From 50' feet to 172' feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 40 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ ° F. Quality _____

Date started _____, 19____
 Date completed 7-14, 1986

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	<u>25+</u>	<u>80'</u>	<u>2</u>

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name BURROUGHS OF NEVADA Contractor
 Address 12000 So VERGINIA ST. Contractor
 Nevada contractor's license number 5092
 Nevada contractor's drillers number 5092
 Nevada driller's license number 891 Actual Driller
 Signed Mark Bridger Contractor
 Date 7-14-86

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