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WELL DRILLERS REPORT

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. 8570

1. OWNER Charles Lorenz ADDRESS AT WELL LOCATION 2832 ADA PLACE
 MAILING ADDRESS MINDEN, NV.

2. LOCATION SW 1/4 SW 1/4 Sec 28 T 14 O/S R. 20 E Douglas County
 PERMIT NO. 21-085-03 JOHNSON LANE

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
<u>Sand + Clay</u>		<u>0</u>	<u>12</u>	
<u>SAND</u>	<u>*</u>	<u>12</u>	<u>19</u>	
<u>Sand + Clay</u>		<u>19</u>	<u>43</u>	
<u>SAND</u>	<u>xx</u>	<u>43</u>	<u>57</u>	
<u>Sand + Clay</u>		<u>57</u>	<u>83</u>	
<u>SAND</u>	<u>xxx</u>	<u>83</u>	<u>123</u>	
<u>Sand + Clay</u>		<u>123</u>	<u>125</u>	

8. WELL CONSTRUCTION

Diameter hole 7 inches Total depth 125 feet
 Casing record _____
 Weight per foot _____ Thickness _____
 Diameter From To
12 inches 0 feet 53 feet
7 inches 53 feet 125 feet
 _____ inches _____ feet _____ feet
 _____ inches _____ feet _____ feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Cement Grout
 Depth of seal 53 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation Factory
 Size perforation 3x4 1/2
 From 105 feet to 125 feet
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 12 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold ° F. Quality _____

10. DRILLERS CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name KAWCHACK DRILLING INC. Contractor
 Address Box 536 Gardnerville, NV. Contractor
 Nevada contractor's license number 021268
 Nevada contractor's drillers number 1380
 Nevada driller's license number 1425 Actual Driller
 Signed Eddy Kawchack Contractor
 Date 9-3-87

7. WELL TEST DATA

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

BAILER TEST

G.P.M. 20 Draw down 10 feet 2 hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours