

BDEB

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 8575

PRINT OR TYPE ONLY

1. OWNER LISA HERRINGTON ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 4779 CALIF. ST. _____
CARSON CITY, NV _____
 2. LOCATION SE 1/4 NW 1/4 Sec 32 T. 15 N/S R. 20 E Carson City Douglas County
 PERMIT NO. 9-203-8 Parcel No. _____ Subdivision Name _____
 Issued by Water Resources _____

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 & DG		0	56	
DG	x	56	63	
CLAY & DG		63	77	
DG & SAND	x	77	94	
DG & Gobbles		94	101	
SAND	x	101	115	

8. WELL CONSTRUCTION
 Diameter hole 6" inches Total depth 115 feet
 Casing record 115'
 Weight per foot _____ Thickness 156

Diameter	From	To
<u>12</u> inches	<u>0</u> feet	<u>56</u> feet
<u>9 1/2</u> inches	<u>56</u> feet	<u>115</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type concrete
 Depth of seal 56 feet
 Gravel packed: Yes No
 Gravel packed from 56 feet to 115 feet
 Perforations:
 Type perforation Factory slot
 Size perforation 3x3/32
 From 75 feet to 115 feet
 From _____ feet to _____ feet

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

Date started 10-30-87, 19____
 Date completed 11-2-87, 19____

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>3440</u>	<u>20</u>		<u>17</u>

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Rawchak 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 763
 Signed Tony Rawchak Actual Driller
 Date 11-3-87

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