



**WELL DRILLER'S REPORT**

Please complete this form in its entirety

NOTICE OF INTENT NO. \_\_\_\_\_

PRINT OR TYPE ONLY

1. OWNER Dennis Clark ADDRESS AT WELL LOCATION 1069 Tenabo  
 MAILING ADDRESS \_\_\_\_\_

2. LOCATION SW 1/4 NE 1/4 Sec. 12 T. 12 N/S R. 20 E Douglas County

PERMIT NO. \_\_\_\_\_ Issued by Water Resources Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_

3. TYPE OF WORK	4. PROPOSED USE	5. TYPE WELL
New Well <input checked="" type="checkbox"/> Recondition <input type="checkbox"/>	Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/>	Cable <input type="checkbox"/> Rotary <input checked="" type="checkbox"/>
Deepen <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	Thickness
Brown Clay		0	8	8
Brown Clay / Sand Lenses		8	20	12
Clay + Cobbles + Gravel		20	192	172
Gravel	*	192	199	7
Clay + Cobbles		199	238	39
Cemented Gravel + Cbbles	**	238	256	18
Clay + Cobbles		256	259	3

*This well is equipped with a drill thru plug on the bottom.*

RECEIVED FEB - 1 AD STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION

Diameter 10" inches Total depth 259' feet

Casing record 260' x 6 5/8"

Weight per foot \_\_\_\_\_ Thickness 156

Diameter	From	To
<u>6 5/8</u> inches	<u>1.1</u> feet	<u>259</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes  No  Type Grout

Depth of seal 60' feet

Gravel packed: Yes  No

Gravel packed from 60 feet to 259 feet

Perforations:  
 Type perforation Factory Milled  
 Size perforation \_\_\_\_\_

From 199 feet to 259 feet

From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL

Static water level 140 feet below land surface

Flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.

Water temperature Cool °F Quality Clear

Date started Jan. 26, 1988  
 Date completed Jan. 29, 1988

7. WELL TEST DATA			
Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>Air Lift</u>	<u>20</u>	<u>—</u>	<u>3</u>
_____	_____	_____	_____
_____	_____	_____	_____

BAILER TEST

G.P.M. \_\_\_\_\_ Draw down \_\_\_\_\_ feet \_\_\_\_\_ hours

G.P.M. \_\_\_\_\_ Draw down \_\_\_\_\_ feet \_\_\_\_\_ hours

G.P.M. \_\_\_\_\_ Draw down \_\_\_\_\_ feet \_\_\_\_\_ hours

10. DRILLER'S CERTIFICATION

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

Name Caloe Drilling Co. Contractor

Address P.O. Box 21585, C.S. Nev. 89721 Contractor

Nevada contractor's license number issued by the State Contractor's Board 4739A

Nevada contractor's driller's number issued by the Division of Water Resources 249

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 794

Signed Jim V. Caloe By driller performing actual drilling on site or contractor

Date Jan. 29, 1988