

OFFICE USE ONLY
 Log No. 35085
 Permit No. _____
 Basin 97

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Fish Springs Ranch ADDRESS _____

2. LOCATION as per map NW 1/4 E 1/4 Sec. 26 T. 26 N. R. 18 E. Washoe County
 PERMIT NO. 48311 W-164 Int. #5433 well completed E. D. C. #T06-1033-6
49574

3. TYPE OF WORK
 New Well Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock

5. TYPE WELL
 Cable Rotary
 Other PVE

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sandy top soil		0	3	3
Clay-fairly plastic		3	20	17
Clay-fairly sandy		20	30	10
Clay-plastic		30	35	5
Clay-sandy		35	42	7
Clay-plastic		42	52	10
Sand-blue mostly granite		52	420	368
Clay		420	425	5
Sand-cemented		425	435	10
Clay		435	440	5

Log was filed with State of Nevada for the completed well.

8. WELL CONSTRUCTION

Diameter hole _____ inches Total depth _____ feet

Casing record _____

Weight per foot _____ Thickness _____

Diameter	From	To
<u>2</u> inches	<u>Cemented</u> feet	<u>to 50</u> feet
_____ inches	_____ feet	_____ feet
<u>2</u> inches	<u>2.00</u> feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type _____

Depth of seal _____ 50 feet

Gravel packed: Yes No

Gravel packed from _____ 50 feet to _____ 200 feet

Perforations:
 Type perforation sawed slot
 Size perforation _____
 From _____ 1.80 feet to _____ 200 feet
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level _____ Feet below land surface _____

Flow _____ G.P.M.

Water temperature _____ ° F. Quality _____

Date started _____, 19 _____
 Date completed _____ 4-20 _____, 19 85

7. WELL TEST DATA

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

10. DRILLERS CERTIFICATION

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

Name F. M. Eaton
255 N. West
 Address Woodland, Ca. 95695

Wm. P. Wilson and Sons
 Nevada contractor's license number 12368A

Nevada driller's license number 1434

Signed _____
 Date _____

BAILER TEST

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