

OFFICE USE ONLY
 Log No. 40097
 Permit No. _____
 Basin B7
 NOTICE OF INCIDENT NO. 1795

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER Geraldine & Norris Jones ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 337 10th. St 6300 Klondike
Sparks, Nv 89431 Parcel D of Map 1688
 2. LOCATION NW 1/4 SE 1/4 Sec 8 T 20 N/S R 20 E Washoe County _____
 PERMIT NO. 083-460-24 Sun Valley
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED New Well Replace Recondition Deepen Abandon Other _____
 4. PROPOSED USE Domestic Municipal/Industrial Irrigation Monitor Test Stock
 5. WELL TYPE Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Overburden		0	5	5
Dirt & volcanic gravels		5	30	25
Orange brown clay		30	80	50
Brown clay & D.G.		80	110	30
D.G.		110	377	267
T.D. 377 ft				

8. WELL CONSTRUCTION
 Depth Drilled 377 Feet Depth Cased 377 Feet
 HOLE DIAMETER (BIT SIZE)
 10 5/8 Inches 0 Feet 50 Feet
 8 1/2 Inches 50 Feet 377 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+ 1	377

Perforations:
 Type perforation factory
 Size perforation 3/32 X 3
 From 377 feet to 357 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 50 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 50 feet to 377 feet

9. WATER LEVEL
 Static water level 180 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Aqua Drilling & Well Service, Inc
Contractor

Address 625 Spice Islands Dr Suite L
Contractor
Sparks, Nv 89431
 Nevada contractor's license number 15291
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 1132 r
 Division of Water Resources, the on-site driller
 Signed Roger M. Thrall
 By driller performing actual drilling on site or contractor
 Date Roger M. Thrall 12/22/92

Date started 12/17/92, 19____
 Date completed 12/21/92, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>20+</u>		<u>1</u>

STATE ENGINEER'S OFFICE
 RECEIVED
 JAN 04 1993