

OFFICE USE ONLY  
 Log No. 83617  
 Permit No. \_\_\_\_\_  
 Basin 87  
 20320

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

NOTICE OF INTENT NO. 20320

1. OWNER F.G. Lutterer ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_

2. LOCATION NE 1/4 NW 1/4 Sec. 4 T. 15 N. R. 20 E. Washoe County  
 PERMIT NO. D/W-28 Issued by Water Resources Parcel No. 022-200-04 Subdivision Name \_\_\_\_\_

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_

4. PROPOSED USE  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other PVC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill		0	8	
Dirty Sand		8	15	
Clay <del>is</del> silty sand		15	22	
Dirty Sand		22	25	
<del>Clay w/ silty sand</del>		<del>25</del>	<del>27</del>	
Clay w/ silty sand		25	41	
Sand w/ gravel		41	45	

8. WELL CONSTRUCTION  
 Depth Drilled 45 Feet Depth Cased 45 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 24 Inches 6 Feet 45 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>PVC</u>	<u>SCH 40</u>	<u>0</u>	<u>45</u>

Perforations:  
 Type perforation slot  
 Size perforation 0.30  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 5 feet to 45 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 0 feet to 45 feet

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

Date started 6-21-01, 19\_\_\_\_  
 Date completed " 11, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name GOC Contractor  
 Address \_\_\_\_\_ Contractor  
Contractor CA  
 Nevada contractor's license number issued by the State Contractor's Board 31246  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 141968  
 Signed \_\_\_\_\_  
 By driller performing actual drilling on site or contractor  
 Date \_\_\_\_\_