

WELL DRILLER'S REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 4579
Line well Re.

1. OWNER Dennis Primrose ADDRESS AT WELL LOCATION 1951 Currant Ct.
 MAILING ADDRESS 3-D Albion Gardens
17-21 La Salle Rd. Kumbayong Houskous
 2. LOCATION SW 1/4 SW 1/4 Sec 12 T35 N 20 E Douglas County
 PERMIT NO. NE Issued by Water Resources | 23-012-33 | Fish Spring Subdivision Name
 Parcel No. 23-480-07

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 checked="" type="checkbox"/> Rotary <input 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	Thick-ness
Clay gravel & rocks		0	45	
Clay		45	60	
Clay & gravel		60	105	
Clay		105	220	
Clay & sand	XX	220	245	
Clay gravel & rocks	XX	245	270	

*88 MAR 30 AMO:17
 STATE ENGINEERING CENTER

8. WELL CONSTRUCTION

Diameter 12 inches Total depth 50 feet
8 inches 270 ft.
 inches

Casing record _____
 Weight per foot _____ Thickness 250

Diameter	From	To
<u>8</u> inches	<u>0</u> feet	<u>270</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type Concrete
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation factory-cut
 Size perforation 3" x 5/32"
 From 245 feet to 270 feet
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 220 feet below land surface
 Flow 20+ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality Good

Date started 2-28, 1988
 Date completed 3-24, 1988

7. WELL TEST DATA

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

BAILER TEST

G.P.M.	Draw down	_____ feet	_____ hours
<u>20+</u>	<u>1</u>	<u>2</u>	<u>2</u>

10. DRILLER'S CERTIFICATION

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

Name Kauchak Drilling Inc. Contractor
 Address 1578 Chigerta on Nevada Nu Contractor
 Nevada contractor's license number issued by the State Contractor's Board #021268
 Nevada contractor's driller's number issued by the Division of Water Resources #1380
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller #1495
 Signed Michael Allen
 By driller performing actual drilling on site or contractor
 Date 3-28-88