

OFFICE USE ONLY
 Log No. 31611
 Permit No. _____
 Basin 105-CARSON V.

WELL DRILLER'S REPORT
 Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 12430
180 156cat

1. OWNER Mike Beam ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 1393 Linsley Dr
Carson, NV 89410 3
 2. LOCATION SW 1/4 NE 1/4 Sec. 39 T. 12 N/S R. 20 E. Douglas County
 PERMIT NO. 23-140-14 Parcel No. EAST VALLEY Subdivision Name

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock Other
 5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Clay & Sand		0	25	
Clay gravel & Sand		25	40	
gravel & Sand		40	65	
Rocks & gravel		65	85	
gravel & Sand	X	85	110	
Clay & Sand	X	110	120	
Clay gravel & Sand	XX	120	160	

MAY 22 10:46
 STATE ENGINEERS ASSOCIATION

NEW APN 1320-20-002-009

8. WELL CONSTRUCTION
 Diameter 6 inches Total depth 160 feet
 Casing record _____
 Weight per foot _____ Thickness .197
 Diameter From To
6 inches 0 feet 160 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Concrete
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from 160 feet to 50 feet
 Perforations:
 Type perforation Factory Perf
 Size perforation 3 X 5/32
 From 160 feet to 140 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 93 feet below land surface
 Flow 20+ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality Good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Kouchack Drilling Inc Contractor
 Address 1578 Chiquita Dr. Minden, NV Contractor
 Nevada contractor's license number #021268 issued by the State Contractor's Board
 Nevada contractor's driller's number #1380 issued by the Division of Water Resources
 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 _____

Date started _____, 19____
 Date completed _____, 19____

7. WELL TEST DATA

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

BAILER TEST
 G.P.M. 20+ Draw down 1 feet 2 hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours