

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 41832
Permit No. 105
Basin 105

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

NOTICE OF INTENT NO. 19398

1. OWNER JOHN IRVING BECKER ADDRESS AT WELL LOCATION LOT # 9 BODIE FLAT ROAD
MAILING ADDRESS P.O. BOX CC
TUJUNGA, CA 91043

2. LOCATION 1/4 Sec 35 T 11 N/S R 21 E DOUGLAS County
PERMIT NO. APN 35-25204 SPRING VALLEY Subdivision Name
Issued by Water Resources Parcel No.

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL		0	3	
SM GRVL W SANDY BRN CLAY		3	25	
GRVL W SANDY CLAY		25	42	
SANDY BRN CLAY / GRAVEL		42	65	
SANDY BRN CLAY		65	73	
GRVL W SANDY CLAY		73	96	
BRN CLAY W GRAVEL		96	110	
GRAVEL W SOME CLAY		110	122	
SANDY BRN CLAY		122	126	
GRAVEL W SILT CLAY STRKS	WB	126	138	
SANDY BRN CLAY		138	140	
GRAVEL W SANDY BRN CLAY	WB	140	160	

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>12 1/4</u> Inches	<u>0</u> Feet <u>160</u> 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>188</u>	<u>0</u>	<u>160</u>
_____		_____	_____	_____
_____		_____	_____	_____

Perforations:

Type perforation TORCUT
Size perforation 3/32" x 3

From 160 feet to 140 feet
From 140 feet to 120 feet FACTORY
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 53 Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
From 160 feet to 110 feet

9. WATER LEVEL

Static water level 26' feet below land surface
Artesian flow 12+ 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 ED MILLER Contractor
Address P.O. BOX 92 Contractor
SMITH, NV 89444

Nevada contractor's license number issued by the State Contractor's Board 32166
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1535

Signed Ed Miller
By _____ performing actual drilling on site or contractor
Date 4-15-93

Date started 4-9 1993
Date completed 4-16 1993

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>12+</u>	<u>26'</u>	
_____	_____	_____
_____	_____	_____

'93 MAY 14 10:58
 STATE ENGINEERS OFFICE