

OFFICE USE ONLY  
 Log No. 42566  
 Permit No. 9-106  
 Basin 9-106

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. 18969

1. OWNER MEL SPANIOLO ADDRESS AT WELL LOCATION 1386 HWY 395, SOUTH  
 MAILING ADDRESS 1247 BUENA VISTA DR  
SAN JACINTO CAL 92583  
 2. LOCATION SE 1/4 Sec. 7 T. 10 N/S R. 22 E DOUGLAS County  
 PERMIT NO. 3711010 Issued by Water Resources Parcel No. 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
BOLDERS - GRAVEL		0	20	
BOLDERS - SHALE		20	40	
BOLDERS - BRN CLAY		40	80	
BOLDERS - GRAVEL		80	108	
BOLDERS - BRN CLAY		100	120	
BOLDERS - SHALE		120	140	
GRAVEL - SHALE	W13	140	160	
BROKEN SHALE	W13	160	180	
GRAVEL SHALE	W13	180	200	

'93 SEP 22 AM 1:19  
 STATE ENGINEERS OF ILL.

8. WELL CONSTRUCTION  
 Depth Drilled 200 Feet Depth Cased 200 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 9 7/8 Inches To 0 Feet 200 Feet  
 Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>	<u>12</u>	<u>1 5/8</u>	<u>0</u>	<u>200</u>

Perforations:  
 Type perforation FRACT SAW SLOT  
 Size perforation 3/32  
 From 160 feet to 180 TC feet  
 From 190 feet to 200 FRACT feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 50  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
 From 50 feet to 200 feet

9. WATER LEVEL  
 Static water level 110 feet below land surface  
 Artesian flow NA G.P.M. 400 P.S.I.  
 Water temperature COLD °F Quality G-CCD

Date started 9-8, 1993  
 Date completed 9-13, 1993

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>40+</u>	<u>NA</u>	<u>3 HR</u>

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 PO BOX 92 SMITH NV 89416 Contractor  
 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 718  
 Signed Ed Miller  
 By driller performing actual drilling on site or contractor  
 Date 9-13-93