

OFFICE USE ONLY
 Log No. 43531
 Permit No. _____
 Basin 8-124

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. 24468

1. OWNER Kenneth Cox ADDRESS AT WELL LOCATION 4359 S. Silver Sage C. Carson City NV 89701
 MAILING ADDRESS 4359 S. Silver Sage C. Carson City NV 89701
 2. LOCATION NE 1/4 NE 1/4 Sec 32 T. 15 S R. 20 E Carson County
 PERMIT NO. _____ Issued by Water Resources _____ Parcel No. 9-17-08 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
Cleaned well to 60' Perforated casing 3 Rows to 60'				
Pumped with Neat Cement until Full				
House Hooked to City Water				
STATE ENGINEER				

8. WELL CONSTRUCTION
 Depth Drilled 60' Feet Depth Cased 60' Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 Inches _____ Feet _____ 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 5/8</u>				

 Perforations:
 Type perforation Air Perforator
 Size perforation 1/4 2 1/4 slots
 From _____ feet to _____ feet
 From 0 feet to 60' feet
 From _____ feet to _____ feet
 From 3 Rows feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal UNKNOWN Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 12-8 1993
 Date completed 12-8 1993

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

9. WATER LEVEL
 Static water level NONE feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name A & H PUMP CO
 Address 5551 Hwy 50 East Carson City, Nevada 89406
 Nevada contractor's license number 31839 issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
 Signed Michael Hawk
 By driller performing actual drilling on site or contractor
 Date 12-13-93