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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. 27674

1. OWNER G-P-C Const ADDRESS AT WELL LOCATION 2821 Pamela Place
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 SE 1/4 Sec. 07 T. 14 N/S R. 20 E Douglas County
 PERMIT NO. 21-153-18 Parcel No. _____ Subdivision Name Johnson Ln

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
Sand clay		0	15	15
Small Gravel		15	25	10
Sand Gravel clay		25	110	85
Clay sand		110	125	15
Sand Gravel		125	200	75
Course Gravel sand	*	200	240	40

8. WELL CONSTRUCTION
 Depth Drilled 240 Feet Depth Cased 240 Feet
 HOLE DIAMETER (BIT SIZE)
 9 7/8 Inches From 0 Feet To 240 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	14	188	±1	240

Perforations: factory milled
 Type perforation _____
 Size perforation 3/32
 From 200 feet to 240 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 240 feet

9. WATER LEVEL
 Static water level 180 feet below land surface
 Artesian flow _____ G.P.M. 30 P.S.I.
 Water temperature 62/d °F Quality Clear

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Bud Enloe Drilling Contractor
 Address 1345 Dayton Ave. 89403 Contractor

Nevada contractor's license number 4739A issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1757
 Signed Tray Enloe
 By driller performing actual drilling on site or contractor
 Date 10/23/94

Date started 10/20/94, 19____
 Date completed 10/23/94, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>30</u>		<u>1</u>