

OFFICE USE ONLY
 Log No. 50408
 Permit No. _____
 Basin. 103

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. 89032
No Address

1. OWNER Mound House Water Co. ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 718
Carson City NV. 89702
 2. LOCATION NE 1/4 SE 1/4 Sec. 24 T. 16 N. R. 21 E. Lyon County
 PERMIT NO. W-437 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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Cobbles Gravels</u>		<u>0</u>	<u>65</u>	<u>65</u>
<u>Cemented Gravels w/ Layers of Clay</u>		<u>65</u>	<u>125</u>	<u>60</u>
<u>Clay Seam</u>		<u>125</u>	<u>135</u>	<u>10</u>
<u>Coarse Gravels</u>	<u>xxx</u>	<u>138</u>	<u>168</u>	<u>33</u>
<u>Clay (Brown)</u>		<u>168</u>	<u>189</u>	<u>21</u>
<u>Small Gravels</u>	<u>xxx</u>	<u>189</u>	<u>220</u>	<u>31</u>
<u>Cemented Clays in Gravels</u>				
<u>Large Gravels w/ Sat Zones</u>	<u>xxx</u>	<u>220</u>	<u>245</u>	<u>25</u>
<u>Small Gravels and Sands</u>	<u>xxx</u>	<u>245</u>	<u>280</u>	<u>35</u>
<u>Layers of Clay</u>				
<u>Solid Red Clay</u>		<u>280</u>	<u>300</u>	<u>20</u>

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 3/4 Inches To 300 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
		<u>N/A</u>		

 Perforations:
 Type perforation N/A
 Size perforation _____
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal N/A Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From N/A feet to N/A feet

Date started 8-23, 1995
 Date completed 8-29, 1995

9. WATER LEVEL
 Static water level 6.0 feet below land surface
 Artesian flow _____ G.P.M. 20 P.S.I.
 Water temperature _____ °F Quality _____

7. WELL TEST DATA

TEST METHOD	<input checked="" type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
<u>280</u>			
G.P.M. <u>280</u>	Draw Down (Feet Below Static) <u>40</u>	Time (Hours) <u>6 HRS</u>	

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 Company Contractor
 Address 655 Hwy 50 E #3 Contractor
Carson City NV. 89701
 Nevada contractor's license number issued by the State Contractor's Board 31839
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 8-30-95