

OFFICE USE ONLY
 Log No. 67186
 Permit No. _____
 Basin. 212

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. 1584

1. OWNER LU ADDRESS AT WELL LOCATION McLeod + Twin
 MAILING ADDRESS 4420 S Decatur
LU 89105
 2. LOCATION MSN Sec. 1324 T. 21 N. 0 E. _____ County
 PERMIT NO. MS-1966 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Deepen
 Abandon Other _____

4. PROPOSED USE
 Domestic Irrigation Test Monitor Stock
 Municipal/Industrial

5. WELL TYPE
 Cable Rotary RVC
 Air Other Design

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Clayey sand</u>		<u>0</u>	<u>2</u>	<u>2</u>
<u>Clay</u>		<u>2</u>	<u>4</u>	<u>2</u>
<u>Clayey sand</u>		<u>4</u>	<u>10</u>	<u>6</u>
<u>Sand</u>		<u>10</u>	<u>16</u>	<u>6</u>
<u>Clayey sand</u>		<u>16</u>	<u>21</u>	<u>5</u>
<u>Clay</u>		<u>21</u>	<u>35</u>	<u>14</u>
<u>Clay</u>		<u>35</u>	<u>40</u>	<u>5</u>

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet

HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 40 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>PK</u>	<u>3/4</u>	<u>0</u>	<u>40</u>

Perforations:
 Type perforation Slot
 Size perforation 003
 From 20 feet to 40 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped Poured
 Poured

Gravel Packed: Yes No
 From 0 feet to 40 feet

9. WATER LEVEL
 Static water level 15 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 60 °F Quality good

Date started 11-20-95
 Date completed 11-20-95

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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name GCD Contractor
 Address 536 E. Mainland Contractor
Ontario 9176
 Nevada contractor's license number 008246
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller. M-1966

Signed _____
 By driller performing actual drilling on site or contractor
 Date 11-20-95

