

OFFICE USE ONLY  
 Log No. 67195  
 Permit No. 212  
 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

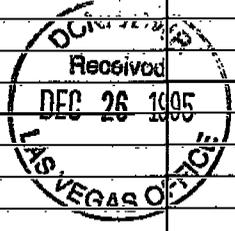
NOTICE OF INTENT NO. 16804

1. OWNER LUP ADDRESS AT WELL LOCATION 4470 S Decatur  
 MAILING ADDRESS LUP NV 89103 between  
 2. LOCATION S 4 W 7 Sec 3, 24 T 2L N 30 E County  
 PERMIT NO. DW1039 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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Stiff Dirty</u>		<u>0</u>	<u>2</u>	<u>2</u>
<u>Sand clay</u>		<u>2</u>	<u>13</u>	<u>11</u>
<u>Sand gravel</u>		<u>13</u>	<u>17</u>	<u>4</u>
<u>Good clay</u>		<u>17</u>	<u>25</u>	<u>8</u>
<u>clay</u>		<u>25</u>	<u>40</u>	<u>15</u>



8. WELL CONSTRUCTION  
 Depth Drilled 40 Feet Depth Cased 40 Feet  
 HOLE DIAMETER (BIT SIZE)  
24 Inches 0 Feet 40 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>PVC</u>	<u>5/8</u>	<u>0</u>	<u>40</u>

Perforations:  
 Type perforation Jet  
 Size perforation 3/8  
 From 0 feet to 40 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 0 feet to 40 feet

9. WATER LEVEL  
 Static water level 13 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature 60 °F Quality good

Date started 11-21-95  
 Date completed 11-21-95

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 C. C. D. Contractor  
 Address 536 E. PLATTEN Contractor  
Onafo 91761  
 Nevada contractor's license number 0031246  
 issued by the State Contractor's Board  
 Nevada driller's license number issued by the M-1968  
 Division of Water Resources, the on-site driller  
 Signed \_\_\_\_\_  
 By driller performing actual drilling on-site or contractor  
 Date 11-21-95