

OFFICE USE ONLY
 Log No. 67199
 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. 16804

1. OWNER LUP
 MAILING ADDRESS 4420 S Decatur | ADDRESS AT WELL LOCATION On McLeod
LU NV 89103 | Between V. King & Twain
 2. LOCATION S 1/2 N 1/2 Sec 13, 24 T 21 N 30 R 6 E _____ County
 PERMIT NO. DW 1039 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>Fill</u>		<u>0</u>	<u>2</u>	<u>2</u>
<u>Dirty Sand</u>		<u>2</u>	<u>8</u>	<u>6</u>
<u>Sand & clay</u>		<u>8</u>	<u>13</u>	<u>5</u>
<u>Sand & gravel</u>		<u>13</u>	<u>17</u>	<u>4</u>
<u>Sand & clay</u>		<u>17</u>	<u>36</u>	<u>19</u>
<u>clay</u>		<u>36</u>	<u>40</u>	<u>4</u>

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
 From 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>PUC</u>	<u>sch 40</u>	<u>0</u>	<u>40</u>

Perforations:
 Type perforation shot
 Size perforation 003
 From 20 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 11-22, 1995
 Date completed 11-22, 1995

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 G.C.D. Contractor
 Address 5360 E. Highland Contractor
Ontario CA 91764
 Nevada contractor's license number 0031240
 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 [Signature]
 By driller performing actual drilling on site or contractor
 Date 11-22-95

