

OFFICE USE ONLY
 Log No. 19231
 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. 32637

1. OWNER Bruce Bunkewski ADDRESS AT WELL LOCATION 67 Jeanette DR. Carson City NV. 89706
 MAILING ADDRESS 67 Jeanette DR. Carson City NV. 89706

2. LOCATION SE 1/4 SE 1/4 Sec 32 T 16 N S R 21 E Lyon County
 PERMIT NO. 16-252-03 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 Perforator

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Treeing inside of old well and pumped full of Neat Cement from Bottom to Surface.</u>		<u>0</u>	<u>146</u>	<u>146</u>
<u>Old Well Had 7' of Water in Bottom.</u>				
<u>Unable to Perforate Due to Steep Hills and Inside of Sheds.</u>				

8. WELL CONSTRUCTION
 Depth Drilled N/A Feet Depth Cased N/A Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 Inches _____ Feet _____
 Inches _____ Feet _____
 Inches _____ 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
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 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

9. WATER LEVEL
 Static water level 148 feet below land surface
 Artesian flow _____ G.P.M. N/A P.S.I.
 Water temperature N/A °F Quality N/A

Date started 5-16 1997
 Date completed 5-16 1997

7. WELL TEST DATA

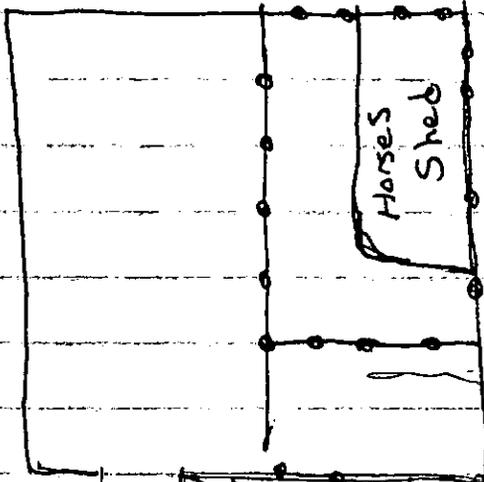
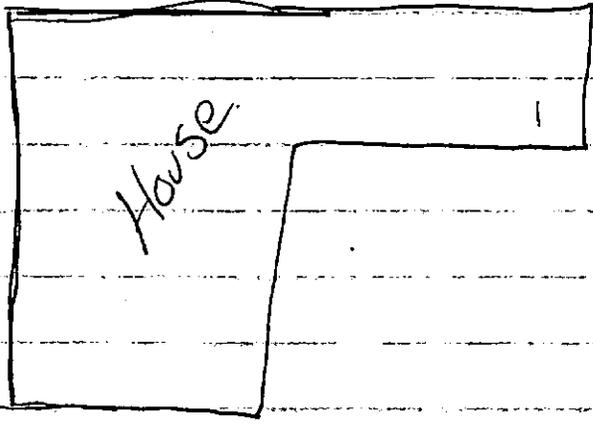
TEST METHOD:	Bailer	Pump	Air Lift
<u>N/A</u>			
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
<u>N/A</u>	<u>N/A</u>		<u>N/A</u>

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

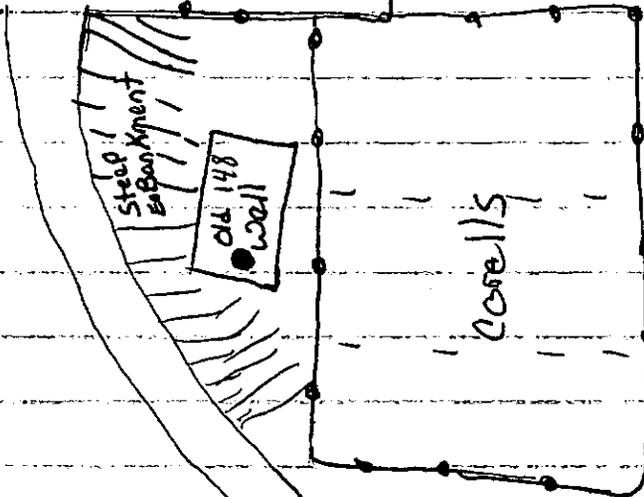
Name Capital City Well Drilling Contractor
 Address 20 Kit RAH DR. Carson City NV. 89706 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 41775
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
 Signed Michael D. Black
 By driller performing actual drilling on site or contractor
 Date 5-16-97

House Sits on Hill Side

Steep
Hills



steep
Hills



Mini
well

Jeanette
DR.