

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. 33686

1. OWNER BK Const. ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 930 Tahoe Blvd 1394 Stephanie way  
Incline Village, NV 89451 Minden, NV 89423  
 2. LOCATION SW 1/4 SW 1/4 Sec 27 T 14 N/S R 20 E Douglas County  
 PERMIT NO. 21-063-17 Subdivision Name Johnson Ln AREA  
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 \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Clay + Sand</u>		<u>0</u>	<u>5</u>	
<u>Hand Pan</u>				
<u>Fine sand + Clay</u>		<u>5</u>	<u>47</u>	
<u>clay</u>		<u>47</u>	<u>61</u>	
<u>sand</u>		<u>61</u>	<u>90</u>	
<u>Sand + Clay</u>		<u>90</u>	<u>118</u>	
<u>Sand</u>		<u>118</u>	<u>140</u>	

8. WELL CONSTRUCTION  
 Depth Drilled 140 Feet Depth Cased 140 Feet  
 HOLE DIAMETER (BIT SIZE)  
9 7/8 Inches From 0 Feet To 140 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>7</u>	<u>.188</u>	<u>0</u>	<u>140</u>

Perforations:  
 Type perforation factory  
 Size perforation 3 x 3/32  
 From 120 feet to 140 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 50  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 50 feet to 140 feet

9. WATER LEVEL  
 Static water level 17 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature 64 °F Quality \_\_\_\_\_

Date started 7/23, 1997  
 Date completed 7/26, 1997

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			
<u>+ 40 spm</u>	<u>AIR</u>	<u>LIFT</u>	

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Kowchack Drilling Inc Contractor  
 Address P.O. Box 1359 Contractor  
Minden, NV 89423  
 Nevada contractor's license number issued by the State Contractor's Board 021268  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1380  
 Signed Ed Kowchack  
 By driller performing actual drilling on site or contractor  
 Date 7/9/97