

OFFICE USE ONLY
 Log No. 724712
 Permit No. _____
 Basin. 106

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. 37590

1. OWNER Nick Grant
 MAILING ADDRESS P.O. Box 534
Gardnerville, nev 89410
 ADDRESS AT WELL LOCATION 3636 Quail Run
Gardnerville, nev 89410
 2. LOCATION S.W. 1/4 SW 1/4 Sec. 16 T. 10 N. S. R. 22 E.
 PERMIT NO. 37-630-19 N/S R 22 E. Douglas County
 Issued by Water Resources Parcel No. Pleasant Meadow Plot 19
 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	Thickness
Top soil		0	7	7
Gravel	yes	7	37	30
Brown sandy clay		37	78	41
Gravel	yes	78	85	7
Brown hard clay and Rock		85	115	30
Gravel + coarse sand	yes	115	126	11
Brown hard clay and Rock		126	130	4
Gravel + coarse sand	yes	130	150	20

8. WELL CONSTRUCTION
 Depth Drilled 150 Feet Depth Cased 150 Feet
 HOLE DIAMETER (BIT SIZE)
 From 6 Inches To 0 Feet 150 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 3/8</u>		<u>1 8/8</u>	<u>0</u>	<u>150</u>

 Perforations:
 Type perforation Factory saw slot
 Size perforation 3 3/8
 From 110 feet to 150 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 _____ feet to _____ feet

RECEIVED
 98 JUL 28 AM 10:00
 STATE ENGINEERS OFFICE

9. WATER LEVEL
 Static water level 22 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality Good

Date started July 23 1998
 Date completed July 27 1998

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>24</u>	<u>15</u>	<u>5</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Edmund Miller Contractor
 Address P.O. Box 92 Contractor
Smith, nev 89430
 Nevada contractor's license number 32166
 issued by the State Contractor's Board
 Nevada driller's license number issued by the
 Division of Water Resources, the on-site driller 718
 Signed Edmund Miller
 By driller performing actual drilling on site or contractor
 Date 7-27-98