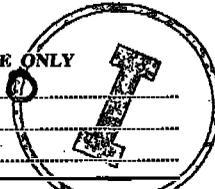


Log No. **75010**

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. **32049**

1. OWNER **W.B. Contractors** ADDRESS AT WELL LOCATION **S. 2 Sandhill**

MAILING ADDRESS _____

2. LOCATION **SW 1/4 S 19 T 20 R 60 E W 1/2** County _____

PERMIT NO. **DW1092 B** Issued by Water Resources Parcel No. **140-30-101-002** Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other _____
 4. PROPOSED USE **dewater**
 Domestic Irrigation Test Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC Air Other **Bucket**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Diply Sand		0	6	6
Clays w/ sand + gravel		6	9	3
Silty Clay w/ Sands		9	30	21

8. WELL CONSTRUCTION
 Depth Drilled **30** Feet Depth Cased **30** Feet
 HOLE DIAMETER (BIT SIZE)
 From **24** Inches To **30** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	PUC	Sch 40	0	30

Perforations:
 Type perforation **Std**
 Size perforation **.032**
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From **10** feet to **30** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to **30** feet

9. WATER LEVEL
 Static water level **8** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **60.4** °F Quality **Good**

Date started **3-2-99** 19____
 Date completed **3-2-99** 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <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 **Carl** Contractor
 Address **536 E Main Island**
 Nevada contractor's license number issued by the State Contractor's Board **3124**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M1968**
 Signed _____
 Date **3-31-99**