WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. X7009
Permit No.
Basin 105

NOTICE OF INTENT NO. 39810

1. OWNER Mitchell Norton
MAILING ADDRESS 2820 Jacks Valley Road
Genoa, NV

ADDRESS AT WELL LOCATION 2820 Jacks Valley Road

2. LOCATION SE 1/4 SW 1/4 Sec. 27 T 14N N/S R 19E E Douglas County
PERMIT NO. (Issued by Water Resources) 15-060-74 (Parcel No.) (Subdivision Name)

3. **WORK PERFORMED**
[ ] New Well [ ] Replace [ ] Recondition
[ ] Deepen [X] Abandon [ ] Other

4. **PROPOSED USE**
[ ] Domestic [ ] Irrigation [X] Test
[ ] Municipal/Industrial [ ] Monitor [ ] Stock

5. **WELL TYPE**
[ ] Cable [X] Rotary [ ] RVC
[ ] Air [X] Other mud

6. **LITHOLOGIC LOG**

Material	Water Strata	From	To	Thick-ness
Install trimie pipe to total depth pump approx 45000 pounds of cement grout to surface,remove trimie pipe and suface pipe to abandon. T.D. 473				

Date started 9/22/99, 19__
Date completed 9/22/99, 19__

7. **WELL TEST DATA**
TEST METHOD: [ ] Bailer [ ] Pump [ ] Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
Dry			

8. **WELL CONSTRUCTION**
Depth Drilled 473 Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
12-1/4	Inches	0	Feet	350	Feet
11	Inches	350	Feet	473	Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
Type perforation
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: [X] Yes [ ] No
Depth of Seal 473
Placement Method: [X] Pumped [ ] Poured
Seal Type: [ ] Neat Cement [X] Cement Grout [ ] Concrete Grout

Gravel Packed: [ ] Yes [X] No
From ____ feet to ____ feet

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

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

Name A.S.A.P. Pump & Well Service (Contractor)
Address P.O. Box 60130 (Contractor)
Reno,Nevada 89506
Nevada contractor's license number issued by the State Contractor's Board 35387-A
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1509
Signed Larry Welch (By driller performing actual drilling on-site or contractor)
Date 9/23/99

USE ADDITIONAL SHEETS IF NECESSARY

RECEIVED 99 OCT -1 AM 11:14 STATE ENGINEER'S OFFICE