

OFFICE USE ONLY  
 Log No. 78350  
 Permit No. 76  
 Basin 76

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. 411275

1. OWNER George And Shara Rose ADDRESS AT WELL LOCATION 110 West Drive  
 MAILING ADDRESS Pringle NV

2. LOCATION S1/4 SE 1/4 Sec. 10 T. 20 N/S R. 24 E Leon County  
 PERMIT NO. 020-411-10 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 well

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Sand</u>		<u>0</u>	<u>18</u>	
<u>SILT</u>		<u>18</u>	<u>61</u>	
<u>Coarse Sand</u>		<u>61</u>	<u>104</u>	
<u>Gravel Sand</u>		<u>104</u>	<u>180</u>	

8. WELL CONSTRUCTION  
 Depth Drilled 180 Feet Depth Cased 180 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 0 Feet To 180 Feet  
127.8 Inches 0 Feet 180 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>65/8</u>	<u>13.00</u>	<u>3/16</u>	<u>0</u>	<u>20</u>
<u>65/8</u>	<u>3.00</u>	<u>3/16</u>	<u>20</u>	<u>180</u>

Perforations:  
 Type perforation Stiff Saw  
 Size perforation 1 1/2 x 6.00 x 8 Rows  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 140 feet to 180 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal 0-100  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 100 feet to 180 feet

9. WATER LEVEL  
 Static water level 76 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 7-3 1999  
 Date completed 7-9 1999

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>CPM</u>	<u>25</u>	

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Legosh Drilling Inc Contractor  
 Address Box 599 Contractor  
Silver Springs NV 89429  
 Nevada contractor's license number issued by the State Contractor's Board 0031891  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1871  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 7-5-99

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 99 JUL 27 PM 12:28  
 STATE ENGINEERS OFFICE