

OFFICE USE ONLY
 Log No. 78865
 Permit No. _____
 Basin. 177

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. 31399

1. OWNER Louis & Katherine Eason ADDRESS AT WELL LOCATION Rural
 MAILING ADDRESS 3 mile Hot Springs Metropolis
 2. LOCATION S2 1/4 SW 1/4 Sec 20 T 38 N/S R 62 E Elko County
 PERMIT NO. 008-350-004
 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
Soil		0	3	
Compacted Gravel		3	12	
Sandy Clay		12	37	
Teakettle Limestone		37	39	
Clay with thin limestone layers		39	65	
GRAVEL	X	65	85	

8. WELL CONSTRUCTION
 Depth Drilled 85 Feet Depth Cased 85 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 85 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>12.92</u>	<u>.188</u>	<u>+1</u>	<u>85</u>

Perforations:
 Type perforation Milled
 Size perforation 1/4" x 4"
 From _____ feet to _____ feet
 From 65 feet to 85 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 58
 Placement Method: Pumped Poured Tremie
 Gravel Packed: Yes No
 From 58 feet to 80 feet

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality untasted (good)

Date started 1-24 1900
 Date completed 1-25 1900

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>20</u>	<u>20</u>	<u>30</u>	<u>1</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name K. V. Reynolds Contractor
 Address Wells Contractor
 Nevada contractor's license number issued by the State Contractor's Board 014410
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1390
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 2-5-00