

Log No. 81084
 Permit No. _____
 Basin 105

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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. 20313
1790 HWY 395

1. OWNER K.C. Walters ADDRESS AT WELL LOCATION: Mindin NV
 MAILING ADDRESS: Santa Rosa CA
 2. LOCATION: 1/4 Sec. 30 T. 13 N. R. 6 E. Douglas County
 PERMIT NO. DEW-25 Parcel No. 1320-30-161-001 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 Bucket

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Top Soil</u>		<u>0</u>	<u>5</u>	
<u>Med. Coarse Sand</u>		<u>5</u>	<u>16</u>	
<u>Coarse Sand + gravel w/ cobbles</u>		<u>16</u>	<u>30</u>	
<u>Med. Coarse Sand</u>		<u>30</u>	<u>45</u>	

Wells #2 thru #9 All same mat. in the same Parcel Area. For temporary use only.

8. WELL CONSTRUCTION
 Depth Drilled 45 Feet Depth Cased 45 Feet
 HOLE DIAMETER (BIT SIZE)
 From 24 Inches 0 Feet 45 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>PVC</u>	<u>3/4</u>	<u>0</u>	<u>45</u>

Perforations:
 Type perforation Slot
 Size perforation 0.35
 From _____ feet to _____ feet
 From 10 feet to 45 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 0 feet to 45 feet

9. WATER LEVEL
 Static water level 5 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. I
 Name Griffin Dewatering Contractor
 Address 536 E. Midland Ontario CA
 Nevada contractor's license number issued by the State Contractor's Board 31246
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1968
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 5-30-01

Date started 5-15 - 0, 19____
 Date completed 5-15 - 0, 19____

7. WELL TEST DATA

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

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NOTICE OF INTENT NO. 20313
 1790 Hwy 395

1. OWNER K.G. Walters ADDRESS AT WELL LOCATION Mindin NV
 MAILING ADDRESS Santa Rosa CA
 2. LOCATION 1/4 Sec. 30 T. 13 N. R. 6 E Douglas County
 PERMIT NO. DEW-25 Parcel No. 1320-30-101-001 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 Bucket

#4

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top Soil		0	5	
Med. Coarse Sand		5	16	
Coarse Sand + gravel w/ cobbles		16	30	
Med. Coarse Sand		30	45	

Wells #2 thru #9 All same mat. in the same parcel area. For temporary use only.

8. WELL CONSTRUCTION
 Depth Drilled 45 Feet Depth Cased 45 Feet
 HOLE DIAMETER (BIT SIZE)
 From 24 Inches 0 Feet 45 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	PVC	Sch 40	0	45

Perforations:
 Type perforation Slot
 Size perforation .035
 From _____ feet to _____ feet
 From _____ feet to 10 feet E/S 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 0 feet to 45 feet

9. WATER LEVEL
 Static water level 5 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 Griffin Dewatering Contractor
 Address 536 E. Midland Ontario CA Contractor
 Nevada contractor's license number issued by the State Contractor's Board 31246
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1AC68
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 5-30-0

Date started 5-15 19____
 Date completed 5-15-0 19____

7. WELL TEST DATA

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