

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. 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. 62 E Douglas County
PERMIT NO. DEW-25 Issued by Water Resources 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<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>SCH 40</u>	<u>0</u>	<u>45</u>

Perforations:
Type perforation Slot
Size perforation .035
From _____ feet to _____ feet
From _____ feet to _____ feet
From 10 feet to 45 feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal _____ Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
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 Contractor
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 M19605
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 5-30-0

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

7. WELL TEST DATA

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