

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

OFFICE USE ONLY
 Log No. 82758
 Permit No. _____
 Basin 105

NOTICE OF INTENT NO. **42889**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

1. OWNER Jim Powell ADDRESS AT WELL LOCATION 1356 Santa Cruz, Minden, Nv. 89423
 MAILING ADDRESS 5200 Summit Ridge Dr. Apt. 5612 Reno, NV 89523

2. LOCATION SW 1/4 SE 1/4 Sec. 21 T 14N N/S R 20E E Douglas County
 PERMIT NO. _____ Starvation Flats Subdivision Name

Issued by Water Resources _____ Parcel No. _____

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
Measured static water level at a depth of 51.83'. Measured depth of well at 71'. Installed 2" tremme pipe to bottom of well and air jetted out debris to reach hard bottom at 74'. Installed 6" mills knife and perforated 4 rows per foot from 54' to surface. Removed mills knife and installed 70' of tremme pipe. Mixed a total of 26 bags of Portland Type 2 cement and aproximately 120 gallons of water to pump well full of neat cement. The casing was then cut of below ground level. (See well log)				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6		.188	+2	74

Perforations:

Type perforation Torch slot

Size perforation _____

From	To	feet to
54	74	feet
_____	_____	feet

Surface Seal: Yes No
 Depth of Seal 0-74'
 Placement Method: Pumped Poured
 Gravel Packed: Yes No

Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

From _____ feet to _____ feet

9. WATER LEVEL

Static water level 51.83 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 Carson Pump Contractor
 Address P.O. Box 20159 Contractor
Carson City, Nv. 89721
 Nevada contractor's license number issued by the State Contractor's Board 39920
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1482

Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 9/28/00

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

Date started 9/25/00 19____
 Date completed 9/25/00 19____