

OFFICE USE ONLY
 Log No. 82931
 Permit No. _____
 Basin 212

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. 20325

1. OWNER Coutri Const ADDRESS AT WELL LOCATION at end of Cto. at Lamb East to Arden
 MAILING ADDRESS LV NV

2. LOCATION S 1/4 NW 1/4 Sec 5 T. 21 N. S. R. 62 E County _____
 PERMIT NO. No 1119 Issued by Water Resources 161-05-22-04 Parcel No. 111 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>Pull casing</u>				
<u>var. well to 10'</u>				
<u>cap w/ cement grout</u>				
<u>10 wells in this parcel</u>				

8. WELL CONSTRUCTION
 Depth Drilled 35 Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
 From 24 Inches 0 Feet 35 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>POC</u>	<u>5/8</u>	<u>0</u>	<u>35</u>

Perforations:
 Type perforation _____
 Size perforation _____
 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 _____ feet to _____ feet

9. WATER LEVEL
 Static water level: 14 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 Cole Luning/Coiffin Drilling Contractor
 Address 536 E. Mainland Contractor
Outsio CA
 Nevada contractor's license number 31246 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: M 1968
 Signed _____
 By driller performing actual drilling on site or contractor
 Date _____

Date started 3-19-01, 19____
 Date completed 3-19-01, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

