

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. 20324  
1790 Hwy 395

1. OWNER K.G. Walters  
 MAILING ADDRESS Santa Rosa CA

ADDRESS AT WELL LOCATION: Minden NV 89423

2. LOCATION 1/4 Sec. 30 T 13 N R 20 E Douglas County  
 PERMIT NO. DFW-25 13-26-30-1A-001  
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_  
 4. Dewater 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>Dull casing</u>				
<u>grout pack to 10'</u>				
<u>Cap w/ cement grout</u>				
<u>9 wells abandon</u>				
<u>in this parcel</u>				

8. WELL CONSTRUCTION  
 Depth Drilled 45 Feet Depth Cased 45 Feet

HOLE DIAMETER (BIT SIZE)  
 From 24 Inches 0 Feet 45 Feet  
 To \_\_\_\_\_ 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 \_\_\_\_\_  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 10'  Neat Cement  
 Cement Grout  
 Placement Method:  Pumped  Concrete Grout  
 Poured  
 Gravel Packed:  Yes  No  
 From 10 feet to 45 feet

9. WATER LEVEL  
 Static water level 12 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 3-28-01 19\_\_\_\_\_  
 Date completed 3-28-01 19\_\_\_\_\_  
 RECEIVED  
 01 MAR 29 AM 8:19  
 STATE ENGINEERING OFFICE

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			

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 Corp Contractor  
 Address 536 E Maitland Contractor  
Ontario CA 91761  
 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 3-28-01