

OFFICE USE ONLY  
 Log No. 487291  
 Permit No. \_\_\_\_\_  
 Basin. 230

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. 22261

1. OWNER YU-KISH CONSTRUCTION ADDRESS AT WELL LOCATION 359 SOUTH PALM VALLEY BLVD  
 MAILING ADDRESS 3250 E KALIBAB PALM SPRINGS NV  
 2. LOCATION NE 1/4 NE 1/4 Sec. 34 T. 20 N. R. 53 E. N7E County \_\_\_\_\_  
 PERMIT NO. 40-699-03 Issued by Water Resources Parcel No. \_\_\_\_\_ 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 \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>DIRT</u>		<u>0</u>	<u>3</u>	
<u>COALICE</u>		<u>4</u>	<u>12</u>	
<u>CLAY</u>		<u>13</u>	<u>91</u>	
<u>CLAY COLLOR</u> <u>GREEN STRAKS</u>		<u>92</u>	<u>190</u>	
<u>water at</u>	<u>92</u>			

8. WELL CONSTRUCTION  
 Depth Drilled 190 Feet Depth Cased 190 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10 Inches To 190 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>	<u>80C</u>	<u>SCN 40</u>	<u>0</u>	<u>190</u>

Perforations:  
 Type perforation FACTORY SLOT  
 Size perforation 1.020  
 From 190 feet to 140 feet  
 \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 50  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 51 feet to 190 feet

9. WATER LEVEL  
 Static water level 54 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature Cold °F Quality Good

Date started OCT 11 2002  
 Date completed OCT 12 2002

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 G. ATZKE DRILLING Contractor  
 Address PO BOX 6678 PALM SPRINGS NV 89041  
 Nevada contractor's license number issued by the State Contractor's Board 36415  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1650  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date OCT 2002