

OFFICE USE ONLY  
 Log No. 91241  
 Permit No. \_\_\_\_\_  
 Basin 104

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. 419417

1. OWNER LLP ADDRESS AT WELL LOCATION W.D. Loupas  
 MAILING ADDRESS 4420 S Decatur on Hwy 50  
 2. LOCATION SE 1/4 SW 1/4 Sec 9 T 15 N 30 E Douglas County  
 PERMIT NO. Dec-43 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE Drewater  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock  
 5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other BK4

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill		0	3	3
Sandy Clays		3	28	25
CLAY		28	30	2
SANDW/Silt lense		30	35	5

8. WELL CONSTRUCTION  
 Depth Drilled 35 Feet Depth Cased 35 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 24 Inches 2 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>PUC</u>	<u>Sch 40</u>	<u>0'</u>	<u>15</u>

Perforations:  
 Type perforation Slot  
 Size perforation 0.30  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 15 feet to 35 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal 5  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 5 feet to 35 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 11-4-05 20 \_\_\_\_\_  
 Date completed 11-4-05 \_\_\_\_\_

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name LLP Contractor  
 Address \_\_\_\_\_ Contractor  
 Nevada contractor's license number 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 11-4-05

RECEIVED  
 03 DEC +3 AM 11:43  
 STATE ENGINEERS OFFICE