

OFFICE USE ONLY  
 Log No. 91272  
 Permit No. \_\_\_\_\_  
 Basin 105  
 49661

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. 49661

1. OWNER Mike Swift Const. ADDRESS AT WELL LOCATION 652 FRONTAGE RD  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION S 1/4 SW 1/4 Sec 24 T 12 N/S R 20 E DOUGLAS County  
 PERMIT NO. \_\_\_\_\_ Issued by Water Resources \_\_\_\_\_ Parcel No. 1220-24-400-004 Subdivision Name 1220-24-410-004

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
DIRT-ROCK		0	6	6
COBBLES		6	35	29
GRAY-CLAY/ROCK		35	88	53
FINE GRAVEL		88	110	22
GRAY CLAY-GRAVEL		110	136	26
BROWN CLAY		136	166	30
MEDIUM GRAVEL		166	180	14

8. WELL CONSTRUCTION  
 Depth Drilled 180 Feet Depth Cased 180 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
10 5/8 Inches 0 Feet 180 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 5/8</u>	<u>14</u>	<u>.188</u>	<u>+1</u>	<u>180</u>

 Perforations:  
 Type perforation Factory milled  
 Size perforation 2 3/32" X 3"  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 160 feet to 180 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 103  Neat Cement  
 Placement Method:  Pumped  Concrete Grout  
 Poured  
 Gravel Packed:  Yes  No  
 From 103 feet to 180 feet  
 9. WATER LEVEL  
 Static water level 70 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature COLD °F Quality CLEAR

Date started 6 NOV 2003  
 Date completed 7 NOV 2003

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>18-30</u>		<u>1.0</u>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name \_\_\_\_\_ Contractor  
 Address \_\_\_\_\_ Contractor  
 Nevada contractor's license number issued by the State Contractor's Board 46498  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2167  
 Signed Jack Dotson  
 By driller performing actual drilling on site or contractor  
 Date \_\_\_\_\_