

WELL DRILLER'S REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 9842

PRINT OR TYPE ONLY

1. OWNER Bill + Janet Gookin ADDRESS AT WELL LOCATION Lot 7
 MAILING ADDRESS 624 Mustang Old APN 29-191-107
Gardnerville Nevada 89430 New APN 1220-24-810-007
 2. LOCATION SE 1/4 S 1/2 1/4 Sec. 27 T. 12 N. S. R. 20 E Douglas County
 PERMIT NO. _____ Parcel No. Bill Thompson Subdivision Name Arroyo

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Alluvial</u>				
<u>Rock and</u>	<u>No</u>	<u>0</u>	<u>130</u>	<u>130</u>
<u>dirt</u>				
<u>River gravel</u>	<u>Yes</u>	<u>130</u>	<u>160</u>	<u>30</u>
<u>and large</u>				
<u>rock</u>				
<u>Rock and</u>		<u>160</u>	<u>180</u>	<u>20</u>
<u>brown sandy</u>				
<u>clay</u>				
<u>More river</u>		<u>180</u>	<u>215</u>	<u>35</u>
<u>gravel</u>				

8. WELL CONSTRUCTION
 Diameter 8 inches Total depth 215 feet
 _____ inches
 _____ inches
 Casing record 215
 Weight per foot _____ Thickness 188

Diameter	From	To
<u>8</u> inches	<u>0</u> feet	<u>60</u> feet
<u>6</u> inches	<u>130</u> feet	<u>215</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type Concrete
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation Factory saw slot
 Size perforation 3/2" x 3"
 From 195 feet to 215 feet
 From 140 feet to 160 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Date started 6-7- 1988
 Date completed 6-23- 1988

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>HHS</u>	<u>20</u>	<u>4 ft.</u>	<u>2 hr</u>
_____	_____	_____	_____
_____	_____	_____	_____

BAILER TEST

G.P.M.	Draw down	feet	hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. WATER LEVEL
 Static water level 140 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality Good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name KMD LCO, INC Contractor
 Address Box 92, Smith, Nev. 89430 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 24149
 Nevada contractor's driller's number issued by the Division of Water Resources 24149
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 24149
 Signed Edward Miller
 By driller performing actual drilling on site or contractor
 Date 6-30-88