

OFFICE USE ONLY
 Log No. 32011
 Permit No. _____
 Basin. 8-105

WELL DRILLER'S REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 12927

PRINT OR TYPE ONLY

1. OWNER Mike Hickey ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS PO Box 1420 1349 Dennis st
Minden, NV
 2. LOCATION SE 1/4 SE 1/4 Sec 33 T. 14 N/S R. 20 E Douglas County
 PERMIT NO. _____ Idle Acres Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Clay & sand</u>		<u>0</u>	<u>10</u>	
<u>Sand</u>		<u>10</u>	<u>20</u>	
<u>Sand</u>		<u>20</u>	<u>60</u>	
<u>Clay</u>		<u>60</u>	<u>75</u>	
<u>Clay & sand</u>		<u>75</u>	<u>100</u>	

8. WELL CONSTRUCTION
 Diameter 12 inches Total depth 120 feet
 _____ inches
 _____ inches
 Casing record 120 ft
 Weight per foot 6 pl. app. Thickness .156
 Diameter From To
6 inches 0 feet 120 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Cert
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from 120 feet to 50 feet
 Perforations:
 Type perforation Factory Perf
 Size perforation 3" X 5/32"
 From 100 feet to 120 feet
 From _____ feet to _____ feet

Date started 8-1 1987
 Date completed 8-3 1987

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Kauchack Drilling Inc. Contractor
 Address PO Box 536 Blair, NV Contractor
 Nevada contractor's license number issued by the State Contractor's Board #02268
 Nevada contractor's driller's number issued by the Division of Water Resources #1380
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller #1495
 Signed _____ By driller performing actual drilling on site or contractor
 Date _____

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