

OFFICE USE ONLY
 Log No. **33693**
 Permit No. **B-105**
 Basin **I**
 12931

WELL DRILLER'S REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. **12931**

1. OWNER **Elwood Hill** ADDRESS AT WELL LOCATION **Shadow Mt. S.U.B.**
 MAILING ADDRESS **6718 Willow Creek Rd, Shadow Mt. S.U.B.**
Bowie Maryland 20715
 2. LOCATION **NE 1/4 SW 1/4 Sec. 110 T. 12 N/S R. 19 E. Douglas County**
 PERMIT NO. **19-401-04** Parcel No. **SHADOW MOUNTAIN** 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
0.6. Sand & Boulders		0	45	
SAND		45	60	
SAND & Boulder		60	70	
SANDSTONE		70	90	
SANDSTONE & Rock		90	105	
SANDSTONE	X	105	150	
Rock (Boulders)	X	150	160	
SANDSTONE	X	160	180	

'90 JUN 21 AM 10:04
 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION

Diameter **8** inches Total depth **180** feet
 _____ **6** inches _____
 _____ inches _____

Casing record **ASTM A53 - A122 8" x 18 x 20'**
 Weight per foot _____ Thickness **.188**

Diameter	From	To
8 inches	0 feet	160 feet
6 inches	160 feet	180 feet
_____ inches	_____ feet	_____ 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 & hand cut**
 Size perforation **5/32" x 3"**

From	feet to	feet
140	160	160 feet
160	180	180 feet
_____	_____	_____ feet
_____	_____	_____ feet
_____	_____	_____ feet

Date started **1-15** 19 **90**
 Date completed **6-1** 19 **90**

7. WELL TEST DATA

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

BAILER TEST

G.P.M. **200** Draw down **2** feet **2** hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours

9. WATER LEVEL

Static water level **129** feet below land surface
 Flow **207** 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 **Karchack Drilling Inc.** Contractor
 Address **2668 Feller Mountain Dr** Contractor
 Nevada contractor's license number issued by the State Contractor's Board **#021268**
 Nevada contractor's driller's number issued by the Division of Water Resources **#1320**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **#4455**
 Signed **Michael Keller** By driller performing actual drilling on site or contractor
 Date **6-15-90**