

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. 20834

1. OWNER Tom Foster ADDRESS AT WELL LOCATION 2701 Garden
 MAILING ADDRESS 4320 Stampede Ct. Minden NV 89403
 2. LOCATION SE 1/4 NW 1/4 Sec. 39 T. 14 N/S R. 20 E Douglas County
 PERMIT NO. 21-170-29 Parcel No. _____ Subdivision Name Johnson In.

3. WORK PERFORMED New Well Replace Recondition Deepen Abandon Other _____
 4. PROPOSED USE Domestic Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CLAY TOP SOIL		0	10	
GRAVEL		10	15	
CLAY & GRAVEL	X	15	35	
CLAY & SAND		35	75	
CLAY Silt & SAND		75	100	
GRAVEL CLAY & SAND		100	105	
CLAY Silt		105	130	
CLAY GRAVEL SAND	XX	130	140	

8. WELL CONSTRUCTION
 Depth Drilled 145 Feet Depth Cased 140 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
<u>9 7/8</u>	0	145

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>	<u>25 lbs</u>	<u>1/8</u>	<u>0</u>	<u>140</u>

Perforations:
 Type perforation Factory Perf
 Size perforation 3" x 5/32"
 From 140 feet to 120 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 50 ft.
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 140 feet to 130 feet

9. WATER LEVEL
 Static water level 26 feet below land surface
 Artesian 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 Lawrence Drilling Inc Contractor
 Address 2668 Fuller Minden NV Contractor
 Nevada contractor's license number issued by the State Contractor's Board #02468
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller #495
 Signed Michael Allen
 By driller performing actual drilling on site or contractor
 Date 1-25-92

Date started 1-14 1992
 Date completed 1-18 1992

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>Air</u>	<u>30-40 gpm</u>	<u>3 hrs.</u>

93 FEB -3 P 2:20
 MICHAEL ALLEN
 STATE ENGINEERS OFFICE