

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 76900
 Permit No. _____
 Base _____
 NOTICE OF INTENT NO. **39814**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER **Mitchell Norton** ADDRESS AT WELL LOCATION **2802 Jacks Valley Road**
 MAILING ADDRESS **2820 Jacks Valley Road**
Genoa, NV

2. LOCATION **SE** 1/4 **SW** 1/4 Sec. **27** T **14N** N/S R **19E** E **Douglas** County
 PERMIT NO. **15-060-74** Parcel No. **Little Mondo Development** Subdivision Name

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 **mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Dark green, brown, yellow broken granitew/tan clay		0	109	
Dark green, brown broken granite (loose)		109	156	47
Dark green, light green, yellow, white granite with tan clay		156	216	60
Tan clay with traces brown sand		216	304	88
Dark green rock with gravel layers some traces of broken yellow and white		304	344	40
Hard fractured green granite with traces of brown, yellow and white		344	357	13
Tan clay with coarse sand		357	418	61
Green clay with trace green sand		418	446	28
Sticky green clay		446	473	27
T.D. 473		473		

8. WELL CONSTRUCTION
 Depth Drilled **473** Feet Depth Cased **0** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
12-1/4 Inches	0	300
11 Inches	300	473

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
 Type perforation _____
 Size perforation _____

From	feet to	feet

Surface Seal: Yes No
 Depth of Seal **473**
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **dry** 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 **A.S.A.P. Pump & Well Service** Contractor
 Address **P.O. Box 60130** Contractor
Reno, Nevada
 Nevada contractor's license number issued by the State Contractor's Board **36387-A**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1511**
 Signed *Larry Welch*
 By driller performing actual drilling on-site or contractor
 Date **9/24/99**

Date started **9/7/99**, 19____
 Date completed **9/18/99**, 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
Dry			