

OFFICE USE ONLY
 Log No. 83614
 Permit No. _____
 Basin 87
 NOTICE OF INTENT NO. 20320

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

1. OWNER KG Walters ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 N.W. 1/4 Sec. 4 T. 18 N/S R. 20 E. Lumbard County _____
 PERMIT NO. 20320 Issued by Water Resources Parcel No. 022-220-44 Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test Monitor Stock Municipal/Industrial
 5. WELL TYPE
 Cable Rotary RVC Air Other 17

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Fill</u>		<u>0</u>	<u>8</u>	
<u>Fine sand</u>		<u>8</u>	<u>12</u>	
<u>Dirty clay w/ fine ss</u>		<u>12</u>	<u>21</u>	
<u>Dirty fine sand</u>		<u>21</u>	<u>24</u>	
<u>Dirty silty clay w/ fine sand lens</u>		<u>24</u>	<u>41</u>	
<u>Dirty F. sand</u>		<u>41</u>	<u>44</u>	
<u>clay</u>		<u>44</u>	<u>45</u>	

8. WELL CONSTRUCTION
 Depth Drilled 45 Feet Depth Cased 45 Feet
 HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 45 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>PUC</u>	<u>SCH 40</u>	<u>0</u>	<u>45</u>

Perforations:
 Type perforation 030
 Size perforation 5/8
 From _____ feet to _____ feet
 From 5 feet to 45 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement Cement Grout Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to 45 feet

9. WATER LEVEL
 Static water level 8 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 6-18-01 19____
 Date completed 6-18-01 19____

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 type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Eric Contractor
 Address 536 E. Mitchell Contractor
 Nevada contractor's license number 31016 issued by the State Contractor's Board
 Nevada driller's license number 11968 issued by the Division of Water Resources, the on-site driller
 Signed [Signature] Driller performing actual drilling on site or contractor
 Date 6-18-01