

OFFICE USE ONLY
 Log No. 810902
 Permit No. _____
 Basin 212
 NOTICE OF INTENT NO. _____

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 _____ ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____

2. LOCATION 1/4 1/4 Sec. T _____ N/S R _____ E _____ County _____
 PERMIT NO. _____ Issued by Water Resources _____ Parcel No. _____ Subdivision Name _____

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

6. 2E-3 LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
greenish gray fat clay		391	419	28
siltstone and claystone		419	461	42
reddish brown sandstone		461	466	5
siltstone and sandstone		466	475	9
brown claystone		475	476	1

Well will be sealed under NRS # 534.370, 14" casing is extended 1 foot above ground surface and steel plate and lock will be placed on top to secure. 4'x4' steel box placed on top with locking lid.

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 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 Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level _____ 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 _____ Contractor _____
 Address _____ Contractor _____
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller _____
 Signed _____ By driller performing actual drilling on site or contractor
 Date _____

Date started _____, 19____
 Date completed _____, 19____

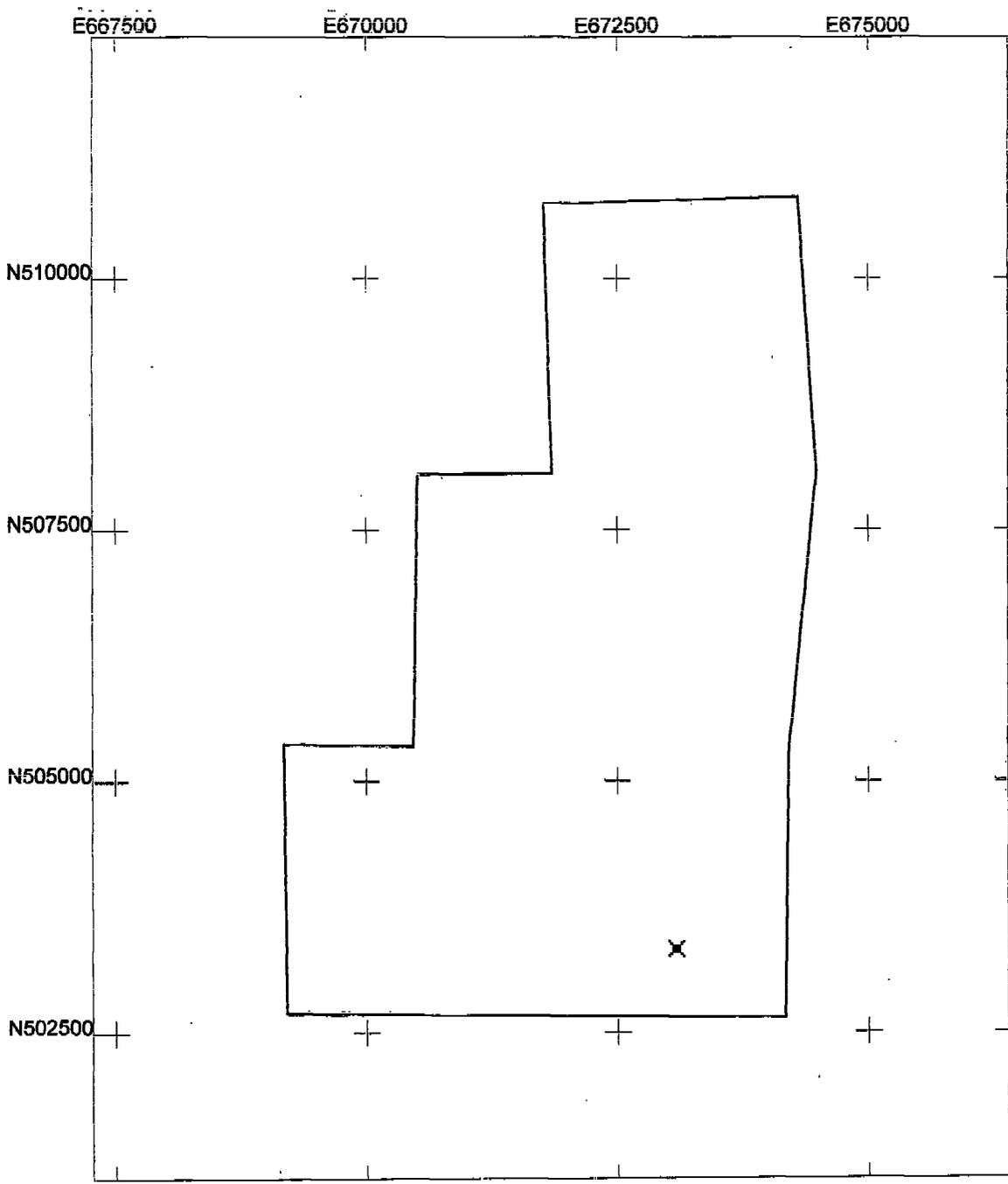
7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

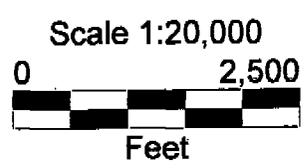
LAS VEGAS OFFICE

86902



GH-2E3 LOCATION

Sunrise2
US State Plane 1927
Nevada East 2701
NADCON (Conus)



combined.ssf
4/25/02
GPS Pathfinder[®]Office
 Trimble.