

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. _____

1. OWNER _____ ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____

2. LOCATION $\frac{1}{4}$ _____ $\frac{1}{4}$ 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
Silt stone + clay stone	Damp	419	461	42
Reddish Brown Sandstone		461	466	5
Siltstone + sandstone		466	475	9
Brown Claystone		475	477	2

4'x4'x6" Thick Pad Poured against 14" casing.
 Plate with 4 1/2" Hole for PVC Well and 2" threaded access welded to 14" casing.
 PVC suspended at plate with clamp

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
 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 _____ 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.

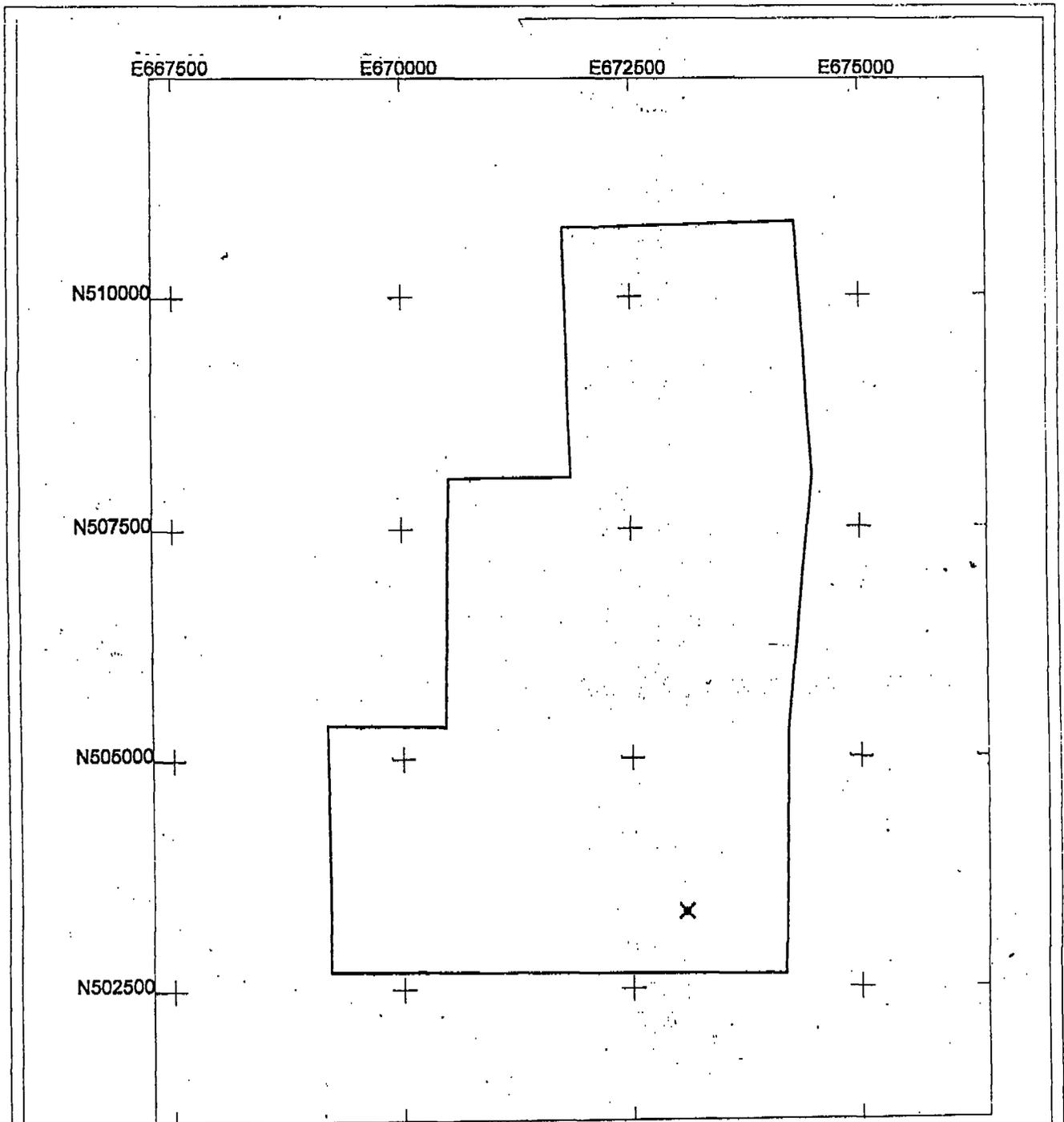
Name _____ Contractor _____
 Address _____ Contractor _____
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller _____
 Signed _____ By driller performing actual drilling on site or contractor
 Date _____

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

7. WELL TEST DATA

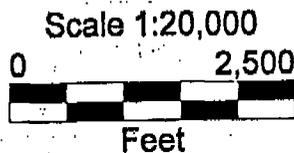
TEST METHOD: Bailer Pump Air Lift

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



GH-2E3 LOCATION

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



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