

OFFICE USE ONLY
 Log No. 88771
 Permit No. 107-106
 Basin 106
 NOTICE OF INTENT NO. 27136

WELL DRILLER'S REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

1. OWNER Key Noy ADDRESS AT WELL LOCATION 15 1/2 miles
 MAILING ADDRESS P.O. Box 335 Wilmington West 89444
 2. LOCATION 1/4 E 1/4 NW 1/4 Sec 19 T 10 N 23 E Douglas County
 PERMIT NO. 37-54209 Parcel No. none Subdivision Name

3. TYPE OF WORK: New Well Recondition Deepen Other
 4. PROPOSED USE: Domestic Irrigation Municipal Industrial Stock
 5. TYPE WELL: Cable Rotary Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
hard pan		0	35	35
clay				
small rocks				
sandy clay		35	205	170
some gravel	✓	25	235	50
sandy clay		225	260	35
Coarse sand & per gravel	✓	260	280	20

8. WELL CONSTRUCTION
 Diameter 6 inches Total depth 280 feet
 Casing record:
 Weight per foot _____ Thickness 188
 Diameter 6 5/8 inches From 0 feet To 280 feet
 Surface seal: Yes No Type Cement grout
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation bottom two slots
 Size perforation 3/32 x 3
 From 230 feet to 250 feet
 From 260 feet to 280 feet

Date started Oct 15 1997
 Date completed Nov 6 1997

9. WATER LEVEL
 Static water level 230 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality good

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	<u>12.5</u>	<u>60</u>	<u>1/2</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Edmund Miller Contractor
 Address P.O. Box 92 Smith River 894136 Contractor
 Nevada contractor's license number 32166 issued by the State Contractor's Board
 Nevada contractor's driller's number 32166 issued by the Division of Water Resources
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 718
 Signed Edmund Miller By driller performing actual drilling on site or contractor
 Date 11-6-97

BAILER TEST.
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours