

OFFICE USE ONLY  
 Log No. 915719  
 Permit No. \_\_\_\_\_  
 Basin 105  
 NOTICE OF INTENT NO. 50256

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 Jeff Lawrence ADDRESS AT WELL LOCATION 1234 Centerville Lane  
 MAILING ADDRESS Coarderville NV  
 2. LOCATION NW  $\frac{1}{4}$  DW  $\frac{1}{4}$  Sec. 9 T. 12 N/S R. 20 E. Douglas County  
 PERMIT NO. 1220-09-301-004 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. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Dirt, Gravel Boulders</u>		<u>0</u>	<u>15'</u>	<u>15</u>
<u>Douglas Gravel SAND</u>		<u>41' 15"</u>	<u>100'</u>	

8. WELL CONSTRUCTION  
 Depth Drilled 100 Feet Depth Cased 100' Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10 5/8 Inches To 0 Feet 100' Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>.188</u>	<u>+1</u>	<u>100'</u>

Perforations:  
 Type perforation SAND  
 Size perforation 1/8 x 3"  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 80' feet to 100' feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 50'  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 50 feet to 100 feet

9. WATER LEVEL  
 Static water level 41' feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature Cold °F Quality CLEAR

Date started 8/27/03, 19\_\_\_\_  
 Date completed 8/27/03, 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 checked="" type="checkbox"/> Air Lift	<u>35 GPM</u>	<u>Air Lift</u>	

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Loach Drilling Inc Contractor  
 Address P.O. Box 599 Contractor  
Silver Springs, NV 89429  
 Nevada contractor's license number issued by the State Contractor's Board 31841  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1877  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 8-27-03