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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. 20P26

1. OWNER Robert Lindsay ADDRESS AT WELL LOCATION 3775 JACOBS COURT
 MAILING ADDRESS PO Box 2228
Olympic Valley CA 96142
 2. LOCATION NW 1/4 SW 1/4 Sec 05 T. 16 N/S R. 20 E WASHOE County
 PERMIT NO. 050-303-23 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
Sand		0	8	8
Small Gravel with Brown clay		8	1	
Small to Med Gravel		30	63	33
Dense Clay		63	76	13
Large Gravel		76	85	9
Gravel with clay		85	97	12
Brown sticky clay		97	120	23
Gravel		120	135	15
Dense Brown clay		135	144	9
Silt & Pepper Granite		144	160	16

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet
 HOLE DIAMETER (BIT SIZE)
 From 11 Inches To 0 Feet 160 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>14</u>	<u>.108</u>	<u>12</u>	<u>20</u>
<u>6 5/8</u>	<u>4</u>	<u>SORH</u>	<u>20</u>	<u>160</u>

Perforations:
 Type perforation FACTORY
 Size perforation 3/32
 From 120 feet to 160 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50
 Neat Cement
 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 53 feet to 160 feet

Date started 01-24-14, 20____
 Date completed 01-25-14, 20____

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>125 FT</u>	<u>25 f</u>	<u>2.5</u>

9. WATER LEVEL
 Static water level ND feet below land surface
 Artesian flow N/A G.P.M. 25+ P.S.I.
 Water temperature Cold °F Quality Clear

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name BLAIN DRILLING & PUMP CO INC.
P.O. Box 1255
Carson City, NV 89702
 Address _____ Contractor _____

Nevada contractor's license number issued by the State Contractor's Board 16493A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2321
 Signed C. Blinson
 By driller performing actual drilling on site or contractor
 Date 1-28-13