

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 172753
Permit No. _____
Basin 089

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in
accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 63291

1. OWNER Don Stewart ADDRESS AT WELL LOCATION 335 E. Maricopa
MAILING ADDRESS 335 E. Maricopa Subdivision Name: Washoe County: _____
2. LOCATION S 1/4 Sec 31 T 17 N S R 20 E Latitude 39 28 42 UTM E NAD 27
PERMIT/WAIVER No. 080-402-01 Longitude 119 27 29 N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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 | 3 | 3 |
| Sand & clay | | 3 | 10 | 7 |
| MULT. Colored Large Sand | | 10 | | |
| Black sand | | 53 | 70 | 17 |
| Brown sand | | 70 | 82 | 12 |
| Brown sand & MULT. colored clay sand | | 82 | 95 | 13 |
| MULT. colored clay Sand | | 95 | 135 | 40 |
| Light colored sand & small gravel | | 135 | 164 | 29 |
| Small MULT. colored Gravel | | 164 | 180 | 16 |

9. WELL CONSTRUCTION

Depth Drilled 180 Feet Depth Cased 180 Feet

HOLE DIAMETER (BIT SIZE)

| From | To | Feet | Feet |
|------------------|-----------------|-----------------|------|
| <u>11</u> inches | <u>0</u> inches | <u>180</u> 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>0</u> | <u>20</u> |
| <u>6 5/8</u> | | <u>SNR 21</u> | <u>20</u> | <u>180</u> |

Perforations: Factory

Type of perforation _____
Size of perforation _____

| From | feet to | feet | feet |
|------------|------------|------|------|
| <u>140</u> | <u>180</u> | | |
| | | | |
| | | | |
| | | | |

Annular Seal: Yes No

| | to | | |
|--|-----------------------|---------------------------------|--|
| <input type="checkbox"/> Neal Cement | | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input checked="" type="checkbox"/> Cement Grout | <u>0</u> to <u>53</u> | <input type="checkbox"/> Pumped | <input checked="" type="checkbox"/> Poured |
| <input type="checkbox"/> Concrete Grout | | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input type="checkbox"/> ≥30% Bentonite Grout | | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |

Gravel Pack: Yes No 53 to 180 Pumped Poured

Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

7. Water Level

Static water level: _____ feet below land surface
Artesian Flow: NA G.P.M. 15-20 P.S.I.
Water Temperature: 60.11 °F
Quality: _____

8. WELL TEST DATA

| TEST METHOD: | Draw Down (Feet Below Static) | Time (Hours) |
|---|-------------------------------|--------------|
| <input checked="" type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift | | |
| G.P.M. <u>15-20</u> | | |
| <u>135 FT</u> | <u>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: BLAIN DRILLING & PUMP CO INC.
P.O. Box 1255
Address: Carson City, NV 89702
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 2321

Signed: C. Robinson
By driller performing actual drilling on site or contractor

Date: _____

USE ADDITIONAL SHEETS IF NECESSARY

Replaces Unknown well log