

WELL DRILLERS REPORT

NOTICE OF INTENT NO. 1420

PRINT OR TYPE ONLY

Please complete this form in its entirety.

1. OWNER Mike Riley ADDRESS AT WELL LOCATION 35-39
 MAILING ADDRESS 924 Baby Court Carson City Mt. Blaine Court Carson City
 2. LOCATION NE 1/4 SE 1/4 Sec. 11 T. 14 N/S R. 19 E Douglas County
 PERMIT NO. _____ Parcel No. _____ Subdivision Name Alpine View Estates

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sand + silt</u>		<u>0</u>	<u>80</u>	<u>80</u>
<u>Silt + Rock</u>	<input checked="" type="checkbox"/>	<u>80</u>	<u>125</u>	<u>45</u>
<u>Granite</u>		<u>125</u>	<u>142</u>	<u>17</u>

8. WELL CONSTRUCTION
 Diameter hole 10" inches Total depth 142 feet
 Casing record 6 7/8
 Weight per foot 12.87 Thickness 18.5
 Diameter From To
6 7/8 inches 0 feet 142 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Cement
 Depth of seal 50' feet
 Gravel packed: Yes No
 Gravel packed from 50' feet to 142 feet
 Perforations:
 Type perforation Factory
 Size perforation 3/32 x 3
 From 120 feet to 142 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 30' feet below land surface
 Flow 0 G.P.M. 30 P.S.I.
 Water temperature Salt °F. Quality _____

Date started 10/27, 1982
 Date completed 10/28, 1982

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>Blow</u>	<u>30</u>	<u>0</u>	<u>2 1/2</u>

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Sierra Pump & Drilling Contractor
 Address Carson City Nev Contractor
 Nevada contractor's license number 0122360
 Nevada contractor's drillers number _____
 Nevada driller's license number 1001 Actual Driller
 Signed Arvin Stinson for Curtis Bludsworth Contractor
 Date 10/28/82

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