

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 5146

PRINT OR TYPE ONLY

1. OWNER Topaz Lodge ADDRESS AT WELL LOCATION Same
 MAILING ADDRESS Po. Box 1435
Cadnerville Nev.

2. LOCATION SW 1/4 SW 1/4 Sec. 29 T. 10 N/S R. 22 E Douglas County
 PERMIT NO. _____ Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock Other

5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Test Hole # 1 for Sewer Treatment Plant Well				
Brown Clay		0	10	10
Fractured Rock & Clay		10	120	110
Brown Clay		120	125	5
Fractured Rock & Clay		125	140	15
Brown Clay Hard		140	145	5
Fractured Rock		145	200	60

8. WELL CONSTRUCTION
 Diameter hole 7 7/8 inches Total depth 200 feet
 Casing record 45
 Weight per foot _____ Thickness 156

Diameter	From	To
<u>4 1/2</u> inches	0	200
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type Cement
 Depth of seal 70 ft. feet
 Gravel packed: Yes No
 Gravel packed from 70 feet to 200 feet

Perforations:
 Type perforation Factory
 Size perforation 3/32 x 3
 From 180 feet to 200 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 160 feet below land surface
 Flow 0 G.P.M. 10 P.S.I.
 Water temperature Cold ° F. Quality _____

Date started 10/28, 1985
 Date completed 10/29, 1985

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

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 Contractor
 Nevada contractor's license number 0122360
 Nevada contractor's drillers number _____
 Nevada driller's license number 1001 Actual Driller
 Signed Curtis Bludsworth by Buck Stracene Contractor
 Date 1/2/96

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