

OFFICE USE ONLY
 Log No. 09234
 Permit No. 103
 Basin. 103

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

NOTICE OF INTENT NO. 32633

1. OWNER Linda Grove ADDRESS AT WELL LOCATION 6115 Palomira
 MAILING ADDRESS 6115 Palomira Stage Coach NV.
 2. LOCATION MO $\frac{1}{4}$ NE $\frac{1}{4}$ Sec. 11 T. 17 S. R. 23 E. Lyon County
 PERMIT NO. 19-371-34 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 PHD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Coarse Sands</u>		<u>0</u>	<u>8</u>	<u>8</u>
<u>Brown Clay with small gravels</u>		<u>8</u>	<u>48</u>	<u>40</u>
<u>Brown Clay</u>		<u>40</u>	<u>93</u>	<u>53</u>
<u>Small Sands w/clay zones</u>		<u>93</u>	<u>129</u>	<u>36</u>
<u>Coarse Sands and small gravels</u>	<u>XXX</u>	<u>129</u>	<u>160</u>	<u>31</u>
<u>Obsidian</u>				

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 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>13.03</u>	<u>1.188</u>	<u>0</u>	<u>160</u>

Perforations:
 Type perforation M.I. Slot
 Size perforation 3 x 3/32
 From 148 feet to 158 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 55 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 55 feet to 160 feet

9. WATER LEVEL
 Static water level 60 feet below land surface
 Artesian flow _____ G.P.M. 20 P.S.I.
 Water temperature Cold °F Quality Good

Date started 5-15 1996
 Date completed 5-16 1996

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>20</u>	<u>60</u>	<u>3 HRS</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Capital City Well Drilling Contractor
 Address 20 Kid Rock DR. Contractor
Corson City NV. 89706
 Nevada contractor's license number issued by the State Contractor's Board 41775
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
 Signed M. Michael Park
 By driller performing actual drilling on site or contractor
 Date 5-16-96