

PRINT OR TYPE ONLY
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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. 37647
209 Shadow Mtn
Cardnerville NV. 89423

1. OWNER Jerry Blades Construction ADDRESS AT WELL LOCATION 209 Shadow Mtn
MAILING ADDRESS East Valley Rd Cardnerville NV. 89423
2. LOCATION SW 1/4 SE 1/4 Sec. 10 T. 12 S. R. 19 E. Douglas County
PERMIT NO. 19-401-03 Parcel No. _____ Subdivision Name Foothills

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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Overburden</u>		<u>0</u>	<u>2</u>	<u>2</u>
<u>Large Granite Boulder</u>		<u>2</u>	<u>6</u>	<u>4</u>
<u>Coarse DG Sands and Granite Cobbles and Boulders</u>		<u>6</u>	<u>125</u>	<u>119</u>
<u>DG Sands Hard Granite</u>		<u>125</u>	<u>102</u>	<u>37</u>
<u>Fractured DG Stratas</u>		<u>102</u>	<u>180</u>	<u>18</u>

8. WELL CONSTRUCTION
Depth Drilled 180 Feet Depth Cased 180 Feet

HOLE DIAMETER (BIT SIZE)
From 10 3/4 Inches To 180 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>.188</u>	<u>0</u>	<u>180</u>

Perforations:
Type perforation M 11 Slot
Size perforation 3 x 3/32
From 100 feet to 180 feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 100 Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
From 100 feet to 180 feet

9. WATER LEVEL
Static water level 90 feet below land surface
Artesian flow _____ G.P.M. 25 P.S.I.
Water temperature Cold °F Quality Good

Date started 10-22 1997
Date completed 10-24 1997

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>26</u>	<u>25</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 KIT KAT DR. Contractor
Carson 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 Michael L. Halk
By driller performing actual drilling on site or contractor
Date _____