

OFFICE USE ONLY
 Log No. 1632
 Permit No. _____
 Basin 105

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. 33598

1. OWNER David Shultz ADDRESS AT WELL LOCATION: 1581 Sawmill Rd Gardnerville W. 89423
 MAILING ADDRESS: 1581 Sawmill Rd Gardnerville W. 89423
 2. LOCATION NE 1/4 SW 1/4 Sec 35 T 13 S R 20 E Douglas County
 PERMIT NO. 23-422-35 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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Course Gravels w/ clay seams</u>		<u>0</u>	<u>78</u>	<u>78</u>
<u>Brown Clay</u>		<u>78</u>	<u>110</u>	<u>32</u>
<u>Brown Sands</u>		<u>110</u>	<u>147</u>	<u>37</u>
<u>Brown Clay</u>		<u>147</u>	<u>210</u>	<u>63</u>
<u>Brown Clay and Sandy Seams</u>		<u>210</u>	<u>230</u>	<u>20</u>
<u>Brown Gummy Clay</u>		<u>230</u>	<u>270</u>	<u>40</u>
<u>Fractured Gravels</u>	<u>XXX</u>	<u>270</u>	<u>300</u>	<u>30</u>

8. WELL CONSTRUCTION
 Depth Drilled 300 Feet Depth Cased 300 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 1/4 Inches To 0 Feet 300 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>300</u>

Perforations:
 Type perforation M:11 Slot
 Size perforation 3 x 3/32
 From 260 feet to 300 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 300 feet

9. WATER LEVEL
 Static water level: 85 feet below land surface
 Artesian flow _____ G.P.M. 30 P.S.I.
 Water temperature Cold °F Quality Good

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 Carson City NV 89706 Contractor
 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 D. Had
 By driller performing actual drilling on site or contractor
 Date 9-5-97

Date started 9-1, 1997
 Date completed 9-5, 1997

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>30</u>	<u>95</u>	<u>3 1/2 HRS</u>