

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 33685

1. OWNER Cindy Rollins ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 2016 Marconi Way 1920 Eldan Way
S. Lake Tahoe Calif 96150 Candaceville NV
 2. LOCATION NW 1/4 NW 12 T 13 N/S R 20 E Douglas County
 PERMIT NO. 23-270-24 Parcel No. _____ Subdivision Name N/A
 Issued by Water Resources _____

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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand & small gravel		0	45	
Coarse Sand gravel small rock		45	85	
gravel & rock		85	115	
clay gravel		115	170	
clay & gravel & small rock	X	170	195	
clay sand & gravel		195	280	
CLAY & Sand		280	290	
Clay Sand & gravel		290	345	
Rock & gravel		345	360	
Very Sand & gravel	Y	360	400	

8. WELL CONSTRUCTION
 Depth Drilled 400 Feet Depth Cased 400 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 1/8 Inches To 0 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2 3/8</u>		<u>sch. 80 RVC</u>	<u>0</u>	<u>400</u>

Perforations:
 Type perforation Factory
 Size perforation 3" x 5/32"
 From _____ feet to _____ feet
 From 380 feet to 300 feet
 From 280 feet to 260 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 400 feet to 50 feet

9. WATER LEVEL
 Static water level 146' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 5-20, 1997
 Date completed 6-4, 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>Air</u>	<u>60+</u>		<u>4 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 Kawchuck Drilling Inc Contractor
 Address PO Box 1359 Contractor
Minden NV 89423
 Nevada contractor's license number #021268
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the #1495
 Division of Water Resources, the on-site driller.
 Signed Ullrich Allen
 By driller performing actual drilling on site or contractor
 Date 6-4-97