

OFFICE USE ONLY
Log No. 1070
Permit No. _____
Basin. 102

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. 32649

1. OWNER George Bumpis ADDRESS AT WELL LOCATION 5420 Peck Ave. Silver Springs NV.
MAILING ADDRESS Smokey River Enterprise
5420 Peck Ave
2. LOCATION S25E NE 1/4 Sec 234 T. 17 N. R. 24 E. Lyon. County
PERMIT NO. 17-012-05 weeks cut off.
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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Overburden</u>		<u>0</u>	<u>4</u>	<u>4</u>
<u>Coarse Black and Rusty Volcanic Gravels</u>		<u>4</u>	<u>145</u>	<u>141</u>
<u>Black obsidian (Hard) Gravels (Fractured)</u>		<u>145</u>	<u>220</u>	<u>75</u>
<u>(Hard) Fractured Black obsidian slate</u>		<u>220</u>	<u>290</u>	<u>70</u>
<u>Fractured Ave (Hard) Corring Water</u>	<u>XX</u>	<u>290</u>	<u>310</u>	<u>20</u>

8. WELL CONSTRUCTION
Depth Drilled 310 Feet Depth Cased 310 Feet
HOLE DIAMETER (BIT SIZE)
From 10 3/4 Inches To 0 Feet 310 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>310</u>

Perforations:
Type perforation Mill Slot
Size perforation 3 x 3/32
From 290 feet to 310 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 310 feet

9. WATER LEVEL
Static water level: 210 feet below land surface
Artesian flow _____ G.P.M. 10 P.S.I.
Water temperature Cold °F Quality Good

Date started 10-28 1997
Date completed 11-1 1997

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>10</u>	<u>50</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
Address 20 Kit Kat DR. Carson City NV. 89706
Nevada contractor's license number 41775
issued by the State Contractor's Board:
Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 1905
Signed Michael A. Black
By driller performing actual drilling on site or contractor
Date 11-3-97