

OFFICE USE ONLY
 Log No. 72819
 Permit No. 103
 Basin 103
 NOTICE OF INTENT NO. 38825

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

1. OWNER Margaret Edwards ADDRESS AT WELL LOCATION 9785 Troquais Trail
 MAILING ADDRESS 9785 Troquais Trail Stagecoach W. 89523
 2. LOCATION NW 1/4 SE 1/4 Sec 7 R3 T 17 R. 23 E Lyon County
 PERMIT NO. 15-761-08 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
Set up over				
6" Domestic				
Well and Blew				
Air and Water				
Injection to clean				
up Existing Well				
Pulled out old				
Gravel pack and				
Well Started				
to Produce Clean				
Water				

8. WELL CONSTRUCTION
 Depth Drilled None Feet Depth Cased None Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 Inches _____ Feet _____
 Inches _____ Feet _____
 Inches _____ 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>1.88</u>	<u>0</u>	<u>150</u>

Perforations:
 Type perforation N/A
 Size perforation N/A
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From N/A feet to N/A feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

Gravel Packed: Yes No
 From N/A feet to N/A feet

9. WATER LEVEL
 Static water level 90 feet below land surface
 Artesian flow _____ G.P.M. 20 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
 Address 20 Kit Kat DR.
Carson City W. 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 Z. Haak
 By driller performing actual drilling on site or contractor
 Date 5-28-98

Date started 5-27 1998
 Date completed 5-28 1998

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>20</u>	<u>25</u>	<u>8 HRS</u>

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 DIVISION OF WATER RESOURCES OFFICE