

OFFICE USE ONLY
 Log No. 76567
 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. 38890

1. OWNER Barbra Flanagan ADDRESS AT WELL LOCATION 1488 E Valley Rd
 MAILING ADDRESS 1702 Sanchez Gardnerville NV
 2. LOCATION NE 1/4 SW 1/4 Sec. 35 T. 13 S R. 20 E Douglas County
 PERMIT NO. 23-295-410 Wild Flower Area
 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 Hand

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>overburden</u>		<u>0</u>	<u>4</u>	<u>4</u>
<u>Coarse Sands and Gravels</u>		<u>4</u>	<u>47</u>	<u>43</u>
<u>Cobbles and Boulders</u>		<u>47</u>	<u>91</u>	<u>44</u>
<u>Brown Clay</u>		<u>91</u>	<u>143</u>	<u>52</u>
<u>Brown Sandy Clay</u>		<u>143</u>	<u>195</u>	<u>52</u>
<u>Obsidian Sands</u>				
<u>Fractured Obsidian</u>	<u>xxx</u>	<u>195</u>	<u>220</u>	<u>25</u>
<u>Sands and Gravels</u>				

8. WELL CONSTRUCTION
 Depth Drilled 220 Feet Depth Cased 220 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 0 Feet 220 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>220</u>

Perforations:
 Type perforation Mill Slot
 Size perforation 3x3/32
 From 200 feet to 220 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Depth of Seal 100 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 100 feet to 220 feet

9. WATER LEVEL
 Static water level 80 feet below land surface
 Artesian flow _____ G.P.M. 35 P.S.I.
 Water temperature Cold °F Quality Good

Date started 5-6 1999
 Date completed 5-10 1999

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>25</u>	<u>40</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 Drive
Carson City, NV 89709
 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 Hook
 By Driller performing actual drilling on site or contractor
 Date 5-11-99