

OFFICE USE ONLY
 Log No. 78550
 Permit No. 89
 Basin.....

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. 26843

1. OWNER Blain M. Guire ADDRESS AT WELL LOCATION 2110 Lakeshore DR
 MAILING ADDRESS Clark DR. Carson City NV 89704
 2. LOCATION NW 1/4 NW 1/4 Sec. 31 T. 17 N. R. 20 E. Washoe County
 PERMIT NO. 050-387-17 Parcel No. 17 Subdivision Name New Washoe City
 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 MDA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Overburden Sands</u>		<u>0</u>	<u>6</u>	<u>6</u>
<u>Brown Sands</u>		<u>6</u>	<u>13</u>	<u>7</u>
<u>Brown clay</u>		<u>13</u>	<u>29</u>	<u>16</u>
<u>Gray clay</u>		<u>29</u>	<u>83</u>	<u>54</u>
<u>Coarse Dr. Sands</u>		<u>83</u>	<u>132</u>	<u>49</u>
<u>Gray Gummy Clay</u>		<u>132</u>	<u>174</u>	<u>42</u>
<u>Green and white Dr. Sands</u>	<u>xx</u>	<u>174</u>	<u>200</u>	<u>26</u>

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 200 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 8 Feet 200 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>200</u>

Perforations:
 Type perforation Mill Slot
 Size perforation 3x 3/32
 From 180 feet to 200 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 100
 Placement Method: Pumped
 Poured
 Gravel Packed: Yes No
 From 100 feet to 200 feet

9. WATER LEVEL
 Static water level 25 feet below land surface
 Artesian flow _____ G.P.M. 30 P.S.I.
 Water temperature Cold °F Quality Good

Date started 1-22 1900
 Date completed 1-23 1900

7. WELL TEST DATA Washed

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>30</u>	<u>20</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 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 Deek
 By driller performing actual drilling on site or contractor
 Date 1-26-00