

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. 41942

1. OWNER JD Construction ADDRESS AT WELL LOCATION 1717 Topi Cr.  
 MAILING ADDRESS Gardnerville W. Minden W. 89423  
Jack & Maria Driscoll  
 2. LOCATION NE 1/4 NE 1/4 Sec. 2 T. 13 S R 20 E Douglas County  
 PERMIT NO. \_\_\_\_\_ Issued by Water Resources Parcel No. 23-510-290 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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Overburden</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>Coarse Cabbles and Gravels</u>		<u>3</u>	<u>78</u>	<u>75</u>
<u>DE Sands small Gravels</u>		<u>78</u>	<u>163</u>	<u>85</u>
<u>Brown Clay</u>		<u>163</u>	<u>193</u>	<u>30</u>
<u>DE Sands w/ Rushy colored Gravels</u>		<u>193</u>	<u>249</u>	<u>56</u>
<u>Broken Fractured DE Sands and Gravels</u>	<u>XX</u>	<u>249</u>	<u>280</u>	<u>31</u>

8. WELL CONSTRUCTION  
 Depth Drilled 280 Feet Depth Cased 280 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10 3/4 Inches To 0 Feet 280 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>280</u>

Perforations:  
 Type perforation Mill slot  
 Size perforation 3x732  
 From 260 feet to 280 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  Neat Cement  
 Depth of Seal 50  Cement Grout  
 Placement Method:  Pumped  Concrete Grout  
 Poured  
 Gravel Packed:  Yes  No  
 From 50 feet to 280 feet

9. WATER LEVEL  
 Static water level 140 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. 25 P.S.I.  
 Water temperature Cold °F Quality Good

Date started 5-26 1900  
 Date completed 5-27 1900

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>25</u>	<u>55</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. Contractor  
CARSON CITY NV 89706  
 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 Z. Haek  
 By driller performing actual drilling on site or contractor  
 Date 5-28-00