

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. 41900

1. OWNER DARR COUST ADDRESS AT WELL LOCATION 232 Shadow Mt CRT
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 SE 1/4 Sec 10 T. 12N N/S R. 19 E Douglas County
 PERMIT NO. 19-402-05 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>Bedders - dirt</u>		<u>0</u>	<u>60</u>	<u>60</u>
<u>Dg. - loess</u>		<u>60</u>	<u>170</u>	<u>170</u>
<u>clay - DG</u>		<u>170</u>	<u>200</u>	<u>200</u>
<u>DG</u>		<u>200</u>	<u>275</u>	<u>275</u>
<u>Granite (green)</u>	<u>X</u>	<u>275</u>	<u>300</u>	<u>25</u>

8. WELL CONSTRUCTION
 Depth Drilled 300 Feet Depth Cased 300 Feet
 HOLE DIAMETER (BIT SIZE)
10 7/8 Inches From 0 Feet To 300 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>12</u>	<u>1 1/8</u>	<u>71</u>	<u>300</u>

Perforations:
 Type perforation lagen 11
 Size perforation 3/32
 From _____ feet to _____ feet
 From 260 feet to 300 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: _____
 Depth of Seal 50
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 300 feet

9. WATER LEVEL
 Static water level 170 feet below land surface
 Artesian flow N/A G.P.M. N/A P.S.I.
 Water temperature 60.10 °F Quality clear

RECEIVED
 01 MAY 15 AM 11:50
 STATE ENGINEERS OFFICE

Date started 4-10 2000
 Date completed 4-13 2000

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>30+</u>	<u>104</u>	<u>2.5</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
Blain Drilling & Pump Co.
 Name Blain Drilling & Pump Co.
P.O. Box 1255
Carson City, NV 89702
 Address _____ Contractor
 Nevada contractor's license number 46497
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the 1278
 Division of Water Resources, the on-site driller.
 Signed [Signature]
 By drilling performing actual drilling on site or contractor
 Date 4-20-2000