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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. 49503

1. OWNER Ronald Webb ADDRESS AT WELL LOCATION 1380 EAGLE MT RD
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 SW 1/4 Sec 11 T 10 N/S R 22 E Douglas County
 PERMIT NO. 1622-11-002-035 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 |
|-------------------|--------------|------|-----|------------|
| DIRT-GRAVEL | | 0 | 18 | 18 |
| COBBLES | | 18 | 44 | 26 |
| BROWN CLAY-GRAVEL | | 44 | 116 | 72 |
| BLACK ROCK | | 116 | 188 | 72 |
| GRAY CLAY-GRAVEL | | 188 | 205 | 17 |
| MEDIUM GRAVEL | | 205 | 240 | 35 |

8. WELL CONSTRUCTION
 Depth Drilled 240 Feet Depth Cased 240 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 50 Feet
 From 9 7/8 Inches To 240 Feet
 From _____ Inches To _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>6 5/8</u> | <u>14</u> | <u>1.88</u> | <u>71</u> | <u>240</u> |

Perforations:
 Type perforation Factory milled
 Size perforation 3/32" x 3"
 From 200 feet to 240 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 56 ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 56 feet to 240 feet

9. WATER LEVEL
 Static water level 100 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD F Quality CLEAR

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Date started _____, 20____
 Date completed _____, 20____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|------------|-------------------------------|--------------|
| <u>5-7</u> | | <u>2.5</u> |

Name _____
 Address _____
 Nevada contractor's license number 46498 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2167
 Signed Jack Notson
 By driller performing actual drilling on site or contractor
 Date _____

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 23 SEP - 9 PM 4:54
 STATE ENGINEERS OFFICE