

OFFICE USE ONLY  
 Log No. 98021  
 Permit No. \_\_\_\_\_  
 Basin 107

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. 54199

1. OWNER Sunshine Coast ADDRESS AT WELL LOCATION LOT #104  
 MAILING ADDRESS \_\_\_\_\_ 50 Santa Sophia Dr  
 2. LOCATION NW 1/4 SE 1/4 Sec. 27 T. 11 N/S R. 23 E. 1400 Douglas County  
 PERMIT NO. 009-231-04 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
SAND		0	20	20
BROWN CLAY-DG	<del>X</del>	20	60	40
BLACK GRITTY CLAY		60	87	27
GRAVEL	<del>X</del>	87	102	15
GRAY MUSHY CLAY		102	126	24
MEDIUM GRAVEL	<del>X</del>	126	148	22
BR CLAY & GRAVEL	<del>X</del>	148	200	52

8. WELL CONSTRUCTION  
 Depth Drilled 200 Feet Depth Cased 200 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
11 Inches 0 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>14</u>	<u>.188</u>	<u>+1</u>	<u>20</u>
<u>6 5/8</u>	<u>4</u>	<u>SDR 21</u>	<u>20</u>	<u>200</u>

Perforations:  
 Type perforation GRINDER CUT  
 Size perforation .045" x 4"  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
180 feet to 200 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 56 ft  Neat Cement  
 Placement Method:  Pumped  Concrete Grout  
 Poured  
 Gravel Packed:  Yes  No  
 From 56 feet to 200 feet

9. WATER LEVEL  
 Static water level 28 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature COLD °F Quality CLEAR

Date started 11 OCT 05, 20 \_\_\_\_\_  
 Date completed 11 OCT 05, 20 \_\_\_\_\_

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>20-22</u>		<u>1.0</u>	

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name BLAIN DRILLING & PUMP CO. INC.  
 Address P.O. Box 1255  
Carson City, NV 89702  
 Nevada contractor's license number issued by the State Contractor's Board 46498  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2167  
 Signed Jack Watson  
 By driller performing actual drilling on site or contractor  
 Date 27 OCT 05