

NOTICE OF INTENT NO. 49497

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 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

1. OWNER Vicki & Jim Brown ADDRESS AT WELL LOCATION 314 MARTIN
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 NW 1/4 Sec. 30 T 17 N/S R 22 E Storey County
 PERMIT NO. B262-06 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-ROCK		0	36	36
COBBLES		36	52	16
BROWN-YELLOW CLAY		52	70	18
YELLOW CLAY-ROCK		70	186	116
GRAYISH-BLUE SHALE	XXXX	186	305	119
GRAY CLAY-ROCK	XXXX	305	340	35

8. WELL CONSTRUCTION
 Depth Drilled 375 Feet Depth Cased 337 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
105/8 Inches 0 Feet 50 Feet
97/8 Inches 50 Feet 340 Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>65/8</u>	<u>14</u>	<u>.188</u>	<u>11</u>	<u>337</u>

Perforations:
 Type perforation Factory / TORCH
 Size perforation 3/32" X 3'
 From 25' feet to 337 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 53 ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 53 feet to 337 feet

9. WATER LEVEL
 Static water level 104 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality YELLOW TINT

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name _____ Contractor
 Address Blain Drilling & Pump Co.
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 Dotson
 By driller performing actual drilling on site or contractor
 Date _____

Date started 9 July 03, 20 _____
 Date completed 16 July 03, 20 _____

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>3-6</u>		<u>3.5</u>

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