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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. 103124

1. OWNER Bentley Enterprises ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 1711 Orbit Way _____
Minden NV 89423 _____
 2. LOCATION SE 1/4 SW 1/4 Sec. 29 T. 13 N. R. 20 E. Douglas County
 PERMIT NO. _____ ISSUED BY Water Resources _____
25-100-090 Parcel No. 38 57:29 119 45: 82 NAD 83 Subdivision Name
1320 29 402 000

3. WORK PERFORMED 4. PROPOSED USE 5. WELL TYPE

New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other _____ Municipal/Industrial Monitor Stock Air Other _____

6. LITHOLOGIC LOG MW-4

Material	Water Strata	From	To	Thickness
<u>Well was in good condition. Unlocked bottom out and pump grouted from bottom to top.</u>		<u>12</u>	<u>0</u>	<u>20</u>
<u>Plugs log 1003</u>				
<u>Nad 27</u>				
<u>38.951426 N</u>				
<u>119.562656 W</u>				

8. WELL CONSTRUCTION

Depth Drilled 20 Feet Depth Cased 20 Feet

HOLE DIAMETER (BIT SIZE)

From _____ To _____

_____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>			<u>0</u>	<u>20</u>

Perforations:

Type perforation _____
 Size perforation _____

From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 20 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 12 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Anderson Drilling Contractor
 Address 1635 Belvoir Rd Contractor
Keno NV 89509
 Nevada contractor's license number issued by the State Contractor's Board 34525
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1028
 Signed _____
 By Driller performing actual drilling on site or contractor
 Date 10/16/14

Date started 9/18 2014
 Date completed 9/18 2014

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>N/A</u>		

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 2014 OCT -9 AM 11:44
 STATE ENGINEERS OFFICE