

Log No. 79162
 Permit No. 103
 Basin 103

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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. 816846

1. OWNER Jay Lombard ADDRESS AT WELL LOCATION 769 Gansburg Ct. Bakersville W.
 MAILING ADDRESS Don Klockey Construction
Minden NV 89423
 2. LOCATION NW 1/4 NW 1/4 Sec 36 T. 12 N S R. 19 E Douglas County
 PERMIT NO. 19-440-160 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 mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Overburden</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>Cobbles and Boulders</u>		<u>3</u>	<u>37</u>	<u>34</u>
<u>DB Sand and Gravels</u>		<u>37</u>	<u>75</u>	<u>38</u>
<u>Brown clay</u>		<u>75</u>	<u>84</u>	<u>9</u>
<u>Course Sand and Clay seams</u>		<u>84</u>	<u>143</u>	<u>59</u>
<u>Fractured Boulders and Gravels</u>	<u>XX</u>	<u>143</u>	<u>160</u>	<u>17</u>

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 0 Feet 160 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>10 5/8</u>	<u>13.03</u>	<u>1.88</u>	<u>0</u>	<u>160</u>

Perforations:
 Type perforation Mill Slot
 Size perforation 3x3/32
 From 140 feet to 160 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 100
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 100 feet to 160 feet

9. WATER LEVEL
 Static water level 48 feet below land surface
 Artesian flow _____ G.P.M. 30 P.S.I.
 Water temperature 66 °F Quality Good

Date started 2-24, 1900
 Date completed 2-26, 1900

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>30</u>	<u>30</u>	<u>3 HRS</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Capital City Well Drilling Contractor
 Address 80 Kit Kat Dr. Carson City NV 89706
 Nevada contractor's license number issued by the State Contractor's Board 41775
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
 Signed Richard D. Black
 By driller performing actual drilling on site or contractor
 Date 3-1-00