

OFFICE USE ONLY
 Log No. 79946
 Permit No. _____
 Basin 105

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. 41934

1. OWNER Pete Pearson Construction ADDRESS AT WELL LOCATION 231 Laura Springs Gardnerville NV. 89410
 MAILING ADDRESS Lacuan Trail Gardnerville NV. 89410
 2. LOCATION NW 1/4 NW 1/4 Sec. 34 T. 13 R/S R. 19 E. Douglas County
 PERMIT NO. 17-310-04 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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Overburden</u>		<u>0</u>	<u>4</u>	<u>4</u>
<u>Obsidian Sands and Gravels</u>	<u>X</u>	<u>4</u>	<u>15</u>	<u>11</u>
<u>Black Silty Sands</u>		<u>11</u>	<u>69</u>	<u>58</u>
<u>Black and Gray Sands</u>		<u>69</u>	<u>87</u>	<u>18</u>
<u>Black and Rusty DB Sands & White Carz.</u>		<u>87</u>	<u>110</u>	<u>23</u>
<u>Coarse DB Sand w/ Silty Black Sands</u>	<u>XX</u>	<u>110</u>	<u>145</u>	<u>35</u>

8. WELL CONSTRUCTION
 Depth Drilled 145 Feet Depth Cased 145 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 0 Feet
0 Inches Feet 145 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>13.03</u>	<u>.185</u>	<u>0</u>	<u>145</u>

Perforations:
 Type perforation M.I. Slot
 Size perforation 3X 3/32
 From 124 feet to 145 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 145 feet

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow 15-20 G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality Good

Date started 4/23 1960
 Date completed 4/24 1960

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>257</u>	<u>75</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 20 Kid Kat DR Carson City NV. 89704 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 41725
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
 Signed Michael H. Hall
 By driller performing actual drilling on site or contractor
 Date 4/24/60