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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. 49383

1. OWNER John Fint ADDRESS AT WELL LOCATION 1890 PINTO GARDNERVILLE, NV
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 SE 1/4 Sec. 13 T. 12 N/S R. 20 E. DOUGLAS County
 PERMIT NO. 1220-13-801-004 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- GRAVEL		0	8	8
COBBLES		8	36	28
LARGE GRAVEL-CLAY		36	56	20
COBBLES - LARGE GRAVEL		56	118	62
SANDY BROWN CLAY		118	146	28
MEDIUM GRAVEL		146	200	54

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 200 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches _____ Feet 50 Feet
9 1/8 Inches 50 Feet 200 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>200</u>

Perforations:
 Type perforation Factory milled
 Size perforation 3/32" X 3"
 From 180 feet to 200 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 58 ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 58 feet to 200 feet

9. WATER LEVEL
 Static water level 100 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality CLEAR

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.
P.O. Box 1255
 Address 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 30 JAN 2003
 Date completed 31 JAN 2003

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>25+</u>		<u>1.0</u>

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 STATE ENGINEER'S OFFICE