

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 102781
 Permit No. _____
 Basin 105

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **58227**

1. OWNER **RUSS TILLACK**
 MAILING ADDRESS **P.O. BOX 6514**
GARDNERVILLE, NV 89460

ADDRESS AT WELL LOCATION **1350 VIEW POINT**
GARDNERVILLE NV, 89410

2. LOCATION **NW 1/4 SW 1/4 Sec 1 T 12 N R 20 E DOUGLAS County**
 PERMIT NO. **1220-01-001-063**

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
COBBLES AND SANDS		0	15	15
COURSE SANDS AND GRAVELS		15	65	50
BROWN CLAY AND SANDS		65	110	45
OBSIDIAN SANDS AND GRAVELS		110	176	66
BROWN DRY CLAY STRATA		176	223	47
FRACTURED GRAVELS AND GRAVELS	XXX	223	240	17
N 38.93648 W 119.69317				

8. WELL CONSTRUCTION
 Depth Drilled **240** Feet Depth Cased **240** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 3/4** Inches To **0** Feet **240** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
65/8	13.00	.183	0	240

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3X 3/32**
 From **220** feet to **240** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **100** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **100** feet to **240** feet

9. WATER LEVEL
 Static water level **120** feet below land surface
 Artesian flow _____ G.P.M. **30** P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

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 KIT KAT DRIVE**
 (CONTRACTOR)
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 _____
 By driller performing actual drilling on site or contractor
 Date **11/14/06**

Date started **11/2, 20 06**
 Date completed **11/6, 20 06**

7. WELL TEST DATE

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	30	45	3 HRS

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