

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

OFFICE USE ONLY

Log No. 106/00
Permit No. _____
Basin 105

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 61638-62838

1. OWNER BENTLY AGROWDYNAMICS ADDRESS AT WELL LOCATION 1089 STOCKYARD RD
MAILING ADDRESS P.O. BOX 127 MINDEN, NV 89423
Subdivision Name: _____ County: Douglas

2. LOCATION SE 1/4 NE 1/4 Sec 21 T 13N N/S/R 20 E Latitude 38.97624°N UTM E NAD 27
PERMIT/WAIVER No. 72485 QM Parcel No. 1320-21-000-007 Longitude 119.73381°W N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other MUD

LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
OVER BURDEN		0	5	5
SMALL GRAVELS		5	13	8
GRAVELS DG SANDS		13	98	85
SMALL DG SANDS		98	163	65
BROWN CLAY		163	215	52
COURDE DG SANDS	XX	215	264	49
BROWN CLAY SEEM		264	274	10
GRAVELS DG SANDS	XXX	274	340	66
<u>N 38.976240</u>				
<u>W 119.733814 NAD27</u>				

WELL CONSTRUCTION			
Depth Drilled	340	Feet	Depth Cased
HOLE DIAMETER (BIT SIZE)			
	From	To	
	14 1/2	0	340
	Inches	Feet	Feet
		Feet	Feet
		Feet	Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.72	.188	+2	340

Perforations:			
Type of perforation	FACTORY MILL SLOT		
Size of perforation	3X 3/32		
From	220	feet to	240
From	280	feet to	340
From		feet to	
From		feet to	
From		feet to	

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured

Cement Grout 0 to 100 Pumped Poured

Concrete Grout to _____ Pumped Poured

≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 100 to 340 Pumped Poured

Type: _____

Bentonite Chips: Yes No to _____ Pumped Poured

Type: _____

Date started: 10-Mar , 20 08
Date completed: 14-Mar , 20 08

7. Water Level
Static water level: 45 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: GOOD

WELL TEST DATA			
TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	250	85	8 HRS

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 AND PUMP SERVICE INC.
Contractor

Address # 20 KIT KAT DRIVE
Contractor

CARSON CITY, NV 89706

Nevada contractor's license number issued by the State Contractor's Board 0055548

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905

Signed Michael L. Hark
by driller performing actual drilling on site or contractor

Date 04/04/2008

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

2008 MAR 17 PM 11:22
 STATE OF NEVADA
 DIVISION OF WATER RESOURCES