

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

OFFICE USE ONLY
Log No. 106218
Permit No. _____
Basin 107

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. 61845

1. OWNER BAMMER BUILDERS INC ADDRESS AT WELL LOCATION 15 JESSICA WY
MAILING ADDRESS 1420 INDUSTRIAL WY UNIT # 2 WELLINGTON, NV 89444
GARDNERVILLE, NV 89410 Subdivision Name: _____ County: Lyon

2. LOCATION NW 1/4 36 1/4 Sec 34 T 12N N/S R 23 E Latitude 38.85871°N UTM E NAD 27
PERMIT/WAIVER No. 5W Parcel No. 09-285-11 Longitude 119.39952°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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
BROWN OVERBURDEN		0	3	3
BROWN SILTY SANDS		3	43	40
BROWN CLAY		43	87	44
BROWN DG SANDS		87	110	23
BROWN CLAY		110	142	32
SMALL DG SANDS	XXX	142	195	53
GREY CLAY		195	200	5
<u>N 38.85871</u>				
<u>W 119.39952</u>				

9. WELL CONSTRUCTION

Depth Drilled	200'	Feet	Depth Cased	200	Feet
HOLE DIAMETER (BIT SIZE)					
	From	To			
	10/58	0	Feet	200	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	+2	20
SDR 21	4.06	.316	20	200

Perforations:

Type of perforation SAW CUT
Size of perforation 3 X 3/32

From	feet to	feet
160	200	feet
		feet
		feet
		feet

Annular Seal: Yes No

Material	100	to	200	Feet	Method
<input checked="" type="checkbox"/> Neat Cement					<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout					<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout					<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout					<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

Gravel Pack: Yes No 0 to 100 Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 25-Apr , 20 08
Date completed: 29-Apr , 20 08

7. Water Level
Static water level: 98' feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: GOOD

8. 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	<u>25</u>	<u>43</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 CAPTIAL CITY WELL DRILLING AND PUMP SERVICE INC.
Contractor
Address # 20 KIT KAT DRIVE
Contractor
CARSON CITY, NV 89706
Nevada contractor's license number 0055548
issued by the State Contractor's Board
Nevada driller's license number issued by the 1905
Division of Water Resources, the on-site driller
Signed Michael J. Black
By driller performing actual drilling on site or contractor
Date 05/21/2008

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY