

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

OFFICE USE ONLY
Log No. 106677
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. 62864

1. OWNER JEFF KIRBY CONSTRUCTION ADDRESS AT WELL LOCATION 2618 WADE ST
MAILING ADDRESS 2972 SAN MATEO DR MINDEN NV 89423 MINDEN NV 89423
Subdivision Name: _____ County: Douglas

2. LOCATION SW 34 T 14N N/S/R 20 E Latitude 39.02748°N UTM E NAD 27
PERMIT/WAIVER No. 5E Parcel No. 1420-34-810-011 Longitude 119.72177°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
OVERBURDEN		0	6	6
BROWN SANDS		6	55	49
BROWN CLAY		55	93	38
SMALL SILTY SANDS		93	169	76
BROWN STICKY CLAY		169	192	23
SMALL GRAVELS SANDS	XXX	192	240	48

WELL CONSTRUCTION				
Depth Drilled	240'	Feet	Depth Cased	240'
HOLE DIAMETER (BIT SIZE)				
	From		To	
10 5/8	Inches	0	Feet	240
	Inches		Feet	
	Inches		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	4.026	.316	20	240

Perforations:				
Type of perforation	SAW CUT			
Size of perforation	3 X 3/32			
From	200	feet to	240	feet
From		feet to		feet
From		feet to		feet
From		feet to		feet
From		feet to		feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured

Cement Grout 60 to 240 Pumped Poured

Concrete Grout to _____ Pumped Poured

≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 60 to 240 Pumped Poured

Type: PEAT GRAVEL

Bentonite Chips: Yes No to _____ Pumped Poured

Type: _____

Date started: 07-Jul , 20 08
Date completed: 11-Jul , 20 08

7. Water Level
Static water level: 86 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"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
	20+	60	3 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 [Signature]
By driller performing actual drilling on site or contractor

Date 08/05/2008

USE ADDITIONAL SHEETS IF NECESSARY

N 39.027571
W 119.720760 NAD27