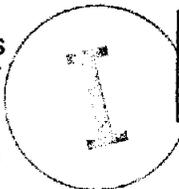


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY
Log No. 106984
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. 61836

1. OWNER JEREMY HUTCHINGS
MAILING ADDRESS 1515 HUSSMAN GARDNERVILLE, NV 89410
ADDRESS AT WELL LOCATION 1888 GRAY CT GARDNERVILLE, NV 89410
Subdivision Name: _____ County: Douglas

2. LOCATION SE 1/4 NW 1/4 Sec 1 T 12N N/S R 20 E
PERMIT/WAIVER No. 1220-01-001-049
Latitude 38.93614°N UTM E NAD 27
Longitude 119.68828°W N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

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 CLAY		0	4	4
SMALL SANDS		4	12	8
BROWN CLAY		12	63	51
COURSE DG GRAVELS		63	168	105
CLAY STRATA SMALL SANDS		168	187	19
FRACTURED GRAVELS	XXX	187	240	53

N 38.936239
W 119.687286 NAD 27

9. WELL CONSTRUCTION

Depth Drilled	240'	Feet	Depth Cased	240	Feet
HOLE DIAMETER (BIT SIZE)					
	From	To			
	10 5/8	0	240		
	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	240

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

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 220 Pumped Poured
Type: PEAT GRAVEL
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 07-Mar, 20 08
Date completed: 10-Mar, 20 08

7. Water Level
Static water level: 95 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>20</u>	<u>48</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 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 A. Hark
By driller performing actual drilling on site or contractor
Date 03/15/2008

USE ADDITIONAL SHEETS IF NECESSARY

STATE ENGINEERS OFFICE

2008 JUL -9 AM 10:29

RECEIVED