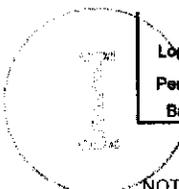


STATE OF NEVADA  
DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**



OFFICE USE ONLY 108644

Log No. \_\_\_\_\_  
Permit No. \_\_\_\_\_  
Basin 105 (TA)

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. 64601

1. OWNER DAVID AND JUDY RUSSO ADDRESS AT WELL LOCATION 211 FREDRICKSBURG RD  
MAILING ADDRESS 2039 HIDATSA CR GARDNERVILLE, NV 89410  
SOUTH LAKE TAHOE CA 96150 Subdivision Name: \_\_\_\_\_ County: Douglas

2. LOCATION SE 1/4 NW 1/4 Sec 31 T 12N N/S R 20 E Latitude 38.85364°N UTM E  NAD 27  
PERMIT/WAIVER No. SW 1220-31-002-008 Longitude 119.78821°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
OVER BURDEN		0	3	3
COURSE DG SANDS		3	86	83
DG GRAVELS	X	86	125	39
BROWN SANDY CLAY		125	138	13
FRACTURED DG SANDS	XXX	138	180	42

38.853734°N  
119.787089°W NAD 83 (TA)

RECEIVED  
2009 SEP 17 AM 11:23  
STATE ENGINEERS OFFICE

9. WELL CONSTRUCTION

Depth Drilled 180 Feet Depth Cased 180 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 8/8</u> Inches	<u>0</u> Feet <u>180</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.03</u>	<u>.188</u>	<u>+2</u>	<u>20</u>
<u>6 5/8</u>	<u>4.06</u>	<u>.216</u>	<u>20</u>	<u>180</u>
<u>sdr 21</u>				

Perforations:

Type of perforation SAW CUT  
Size of perforation 3X3/32

From	feet to	feet
<u>140</u>	<u>180</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annular Seal:  Yes  No

_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Neat Cement _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout <u>0</u> to <u>100</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack:  Yes  No 100 to 180  Pumped  Poured  
Type: \_\_\_\_\_

Bentonite Chips:  Yes  No \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured  
Type: \_\_\_\_\_

Date started: 18-Aug \_\_\_\_\_ 20 09  
Date completed: 21-Aug \_\_\_\_\_ 20 09

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

8. WELL TEST DATA

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	<u>35+</u>	<u>40</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 KT 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 H. Black  
By driller performing actual drilling on site or contractor

Date 09/05/2009