

COPIES TO  
 - DIVISION OF WATER RESOURCES  
 - CLIENT'S COPY  
 - WELL DRILLER'S COPY

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

OFFICE USE ONLY  
 Log No. 22453  
 Permit No. 107  
 Basin 107  
 NOTICE OF INTENT NO. 46419

PRINT OR TYPE ONLY

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

1. OWNER **ROB STINNETT CONSTRUCTION** ADDRESS AT WELL LOCATION **12 COLONY ESTATE DR**  
 MAILING ADDRESS **P.O. BOX 2651** **WELLINGTON NV, 89443**  
**GARDNERVILLE, NV 89410**

2. LOCATION **SE 1/4 SE 1/4 Sec 34 T 11 N R 23 E** **LYON** County  
 PERMIT NO. **09/142/05**  
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  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
OVERBURDEN		0	4	4
HARDPAN CLAY		4	8	4
COURSE SANDS		8	13	5
BROWN CLAY		13	68	55
SILTY SANDS		68	95	27
BROWN CLAY		95	160	65
FRACTURED GRAVELS	XXX	160	190	30

8. WELL CONSTRUCTION  
 Depth Drilled **190** Feet Depth Cased **190** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **10 3/4** Inches To **0** Feet **190** 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	0	190

Perforations:  
 Type perforation **FACTORY MILL SLOT**  
 Size perforation **3 X 3/32**  
 From **170** feet to **190** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **100**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **100** feet to **190** feet

9. WATER LEVEL  
 Static water level **70** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. **25** P.S.I.  
 Water temperature **COLD** °F Quality **GOOD**

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Date started **6/11, 20 02**  
 Date completed **6/12, 20 02**

7. WELL TEST DATE

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	<b>25</b>	<b>35</b>	<b>3 HRS</b>

Name **CAPITAL CITY WELL DRILLING**  
 (CONTRACTOR)  
 Address **20 KIT KAT DRIVE**  
 (CONTRACTOR)  
**CARSON CITY, NV 89706**  
 Nevada contractor's license number issued by the State Contractor's Board **41775**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2157**  
 Signed Rick Crase  
 By driller performing actual drilling on site or contractor  
 Date **6/13/02**

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 02 JUN 19 AM 9:17  
 STATE ENGINEERS OFFICE