

Log No. 76634
 Permit No. 105
 Basin 105

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WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 38866

1. OWNER DE Jansse & Company, Inc. ADDRESS AT WELL LOCATION 1553 Scott Ln
 MAILING ADDRESS 1589 Saratoga Ct. Minden Gardnerville NV 89410
NV. 89423
 2. LOCATION SE 1/4 SE 1/4 Sec. 34 T 13 S R 20 E Douglas County
 PERMIT NO. 23-462-05 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 man

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>overburden</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>Brown Clay</u>		<u>3</u>	<u>6</u>	<u>3</u>
<u>TOP Soils</u>				
<u>Coarse Gravels and SANDS</u>		<u>6</u>	<u>37</u>	<u>31</u>
<u>Brown Clay</u>		<u>37</u>	<u>63</u>	<u>26</u>
<u>Small SANDS and Clay Strata</u>		<u>63</u>	<u>91</u>	<u>28</u>
<u>Silty SANDS with Clay seams</u>		<u>91</u>	<u>110</u>	<u>19</u>
<u>Fractured Gravel Strata w/ water. Coarse DB SANDS</u>	<u>XXX</u>	<u>110</u>	<u>145</u>	<u>35</u>

8. WELL CONSTRUCTION
 Depth Drilled 145 Feet Depth Cased 145 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 0 Feet 145 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1 1/8</u>	<u>13.03</u>	<u>.188</u>	<u>0</u>	<u>145</u>

Perforations:
 Type perforation Mill Slot
 Size perforation 3 x 3/32
 From 125 feet to 145 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 100
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 100 feet to 145 feet

9. WATER LEVEL
 Static water level 25 feet below land surface
 Artesian flow _____ G.P.M. 25-30 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.
 Name Capital City Well Drilling Contractor
 Address 20 Kit Kat DR. 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 1905
 Signed Michael Yhaek
 By driller performing actual drilling on site or contractor
 Date _____

Date started 11/11 1998
 Date completed 11/13 1998

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>25-30</u>	<u>50</u>	<u>3 HRS</u>