

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

OFFICE USE ONLY

Log No. 76658
 Permit No. _____
 Basin 104

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. **39800**

1. OWNER **Matt Barulick**
 MAILING ADDRESS **1300 Calavaris**
Carson City, NV 89703

ADDRESS AT WELL LOCATION **3637 Kings Canyon Rd**
Carson City, NV 89703

2. LOCATION **NW** 1/4 **NW** 1/4 Sec. **24** T **15** N/S R **19** E **Carson** County

PERMIT NO. **07-083-02** Parcel No. _____ Subdivision Name _____

Issued by Water Resources _____

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
Boulders		0	10	-348
Brown sandy clay		10	15	5
Multi colored volcanic rock with brown sandy clay		15		
Fractured multi colored volcanic rock		50	80	30
Multi colored volcanic rock soft		80	100	20
Multi colored volcanic rock		100	102	2
Multi colored volcanic rock with brown clay	X	102	130	28
Gray sticky clay with multi colored volcanic rock fractured		130	200	70
Gray sticky clay		200	230	30
Gray clay with black volcanic rock		230	235	5
Gray sticky clay		235	242	7
Gray sticky clay with black volcanic rock	X	242	320	78
Gray sticky clay		320	330	10
Gray clay with black volcanic rock fractured		330	337	7
Gray & black volcanic rock		337	338	1
Gray clay with black volcanic rock		338	339	1
Black volcanic rock & gray clay		339	342	3

8. WELL CONSTRUCTION

Depth Drilled **360** Feet Depth Cased **360** Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
10 5/8 Inches	0	100	Feet
8 1/2 Inches	100	360	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	17.0	.225	+1 1/2	360

Perforations:

Type perforation **Factory sawed**

Size perforation **3/32x3**

From	To	feet to
100	120	feet
340	360	feet
		feet
		feet
		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 **360** feet to **100** feet

9. WATER LEVEL

Static water level **120** feet below land surface

Artesian flow _____ G.P.M. _____ P.S.I.

Water temperature **cold** °F Quality _____

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **A.S.A.P. Pump & Well Service, Inc.** Contractor

Address **P.O. Box 60130** Contractor

Reno, NV 89506

Nevada contractor's license number issued by the State Contractor's Board **35387-A**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2066**

Signed *[Signature]* by driller performing actual drilling on-site or contractor

Date **6/14/99**

Continued on next page

Date started **5/19/99**, 19__

Date completed **6/6/99**, 19__

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
10		4 hours

41-0111V 91 MAR 99

CE-11111111

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 MAILING ADDRESS **1300 Calavaris** **Carson City, NV 89703**
Carson City, NV 89703

2. LOCATION **NW** 1/4 **NW** 1/4 Sec. **24** T **15** N/S R **19** E **Carson** County
 PERMIT NO. **07-083-02**

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Gray clay with black volcanic rock		342	345	3
Gray clay with green & white volcanic rock fractured	X	345	347	2
Gray clay with black volcanic rock		347	350	3
Black volcanic rock with gray clay		350	353	3
Black volcanic rock fractured		353	358	5
Black volcanic rock with gray clay mixed		358	360	2
T.D. 360'				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Perforations:
 Type perforation _____
 Size perforation _____

From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

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Signed *[Signature]*
 By driller performing actual drilling on-site or contractor
 Date **6/14/99**

Date started **5/19/99**, 19____
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TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
_____	_____	_____
_____	_____	_____