

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

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 81034
 Permit No. 105
 Basin 105
 NOTICE OF INTENT NO. 42001

WELL DRILLER'S REPORT

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

PRINT OR TYPE ONLY

1. OWNER **DAN EVANS CUSTOM HOMES**
 MAILING ADDRESS 1528 HWY 385 STE 205
GARDNERVILLE, NV 89410
 ADDRESS AT WELL LOCATION 144 HWY 395 SOUTH
GARDNERVILLE, NV 89410

2. LOCATION NE 1/4 NE 1/4 Sec 5 T 11 N R 21 E **DOUGLAS** County
 PERMIT NO. 35-360-100
 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	3	3
COBBLES/GRAVELS		3	65	62
BROWN CLAY		65	110	45
COURSE VOLCANIC SANDS/CLAY STRATA		110	175	65
REDDISH VOL. CLAY		175	225	50
FRACTD. VOLCANIC SANDS AND GRAVELS	XXX	225	260	35
T.D 260'				

8. WELL CONSTRUCTION
 Depth Drilled 260' Feet Depth Cased 260' Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 0 Feet 260 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	260

Perforations:
 Type perforation **MILL SLOT**
 Size perforation **3 X 3/32**
 From 240 feet to 260 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 260 feet

9. WATER LEVEL
 Static water level 90 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 8/16, 20 00
 Date completed 8/20, 20 00

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	<u>25</u>	<u>60</u>	<u>3 HRS</u>

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 1905
 Signed Michael L. Hall
 By driller performing actual drilling on site or contractor
 Date 8/23/00