

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. 82105
 Permit No. _____
 Basin 105

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

NOTICE OF INTENT NO. 42020

PRINT OR TYPE ONLY

1. OWNER GREG LYNN CONSTRUCTION ADDRESS AT WELL LOCATION 211 MOUNTAIN REACH CT
 MAILING ADDRESS 993 RUBIO WY GARDNERVILLE, NV 89410

2. LOCATION SW 1/4 SW 1/4 Sec 3 T 12 N R 19 E DOUGLAS County

PERMIT NO. 19-042-300 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
LARGE GRANITE BOULDERS		0	25	25
DG SANDS AND BOULDERS		25	63	38
COURSE DG SANDS				
HARD DG GRANITE		63	169	106
HARD COURSE GRANITE		169	245	76
SOFT GRANITE STRATAS		245	295	50
FRACTURED GRANITE STRATAS DG SANDS	XXX	295	340	45

8. WELL CONSTRUCTION

Depth Drilled 340 Feet Depth Cased 340 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
<u>10 3/4</u> Inches	<u>0</u> Feet	<u>100</u> Feet
<u>9 7/8</u> inches	<u>100</u> Feet	<u>340</u> 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>0</u>	<u>340</u>

Perforations:

Type perforation FACTORY MILL SLOT
 Size perforation 3 X 3/32

From	To
<u>300</u> feet to	<u>340</u> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ 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 340 feet

9. WATER LEVEL
 Static water level 130 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 12/4, 20 00
 Date completed 12/8, 20 00

7. WELL TEST DATE

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>25</u>	<u>65</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 Zback
 By driller performing actual drilling on site or contractor
 Date 12/15/00