

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. **82127**
 Permit No. _____
 Basin **105**
 NOTICE OF INTENT NO. **42024**

PRINT OR TYPE ONLY

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

1. OWNER **MIKE BREA BAM BUILDERS** ADDRESS AT WELL LOCATION **1608 HERON COVE**
 MAILING ADDRESS **P. O. BOX 2436 GARDNERVILLE, NV 89410**
MINDEN, NV 89423

2. LOCATION **SW 1/4 SW 1/4 Sec 26 T 13 N R 20 E DOUGLAS County**
 PERMIT NO. **23-295-67**

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
BROWN HARD PAN CLAY		0	6	6
COURSE GRAVELS WITH CLAY STRATAS		6	34	28
SOFT SANDS AND CLAY		34	125	91
BROWN GUMMY CLAY		125	192	67
VERY STICKY GUMMY BROWN CLAY		192	200	8
FRACTURED GRAVELS	XXX	200	220	20

8. WELL CONSTRUCTION
 Depth Drilled **220** Feet Depth Cased **220** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 3/4** Inches To **0** Feet **220** 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	220

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From **200** feet to **220** 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 **220** feet

9. WATER LEVEL
 Static water level **80** 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 **1/10, 20 01**
 Date completed **1/12, 20 01**

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	25+	30	3 HRS

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 Hock*
 By driller performing actual drilling on site or contractor
 Date **1/12/01**