

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. 82140
 Permit No. 104
 Basin 104

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 42012

1. OWNER **RUSSELL FIDDYMENT** ADDRESS AT WELL LOCATION **3505 CHEROKEE DR**
 MAILING ADDRESS **24210 PINEBROOK DR** **CARSON CITY, NV 89704**
CARSON CITY, NV 89701

2. LOCATION **NW 1/4 NW 1/4 Sec 7 T 14 N R 20 E** **DOUGLAS** County
 PERMIT NO. **13-080-260**
 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
HARDPAN CLAY AND SANDS		3	8	5
DG SANDS AND SMALL GRAVELS		8	32	24
VERY RUSTY RED CLAY		32	64	32
RUSTY DG SANDS		64	180	116
RED CLAY		180	240	60
COURSE DG SANDS		240	320	80
FRACTURED DG SANDS STRATAS		320	340	20
DG SANDS AND FINE SANDS		340	385	45
HARD BLUE GRANITE	XXX			
COURSE GRANITE				
SANDS FRACTURED GRANITE STRATAS				

8. WELL CONSTRUCTION
 Depth Drilled **385** Feet Depth Cased **385** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 3/4** Inches To **0** Feet **320** Feet
6 1/8 Inches **320** Feet **385** Feet
 Inches Feet Feet

8. CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	0	320
5 9/16	12.25	.188	300	385

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From **300** feet to **320** feet
 From **345** feet to **385** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **50** feet to **320** feet

9. WATER LEVEL
 Static water level **125** feet below land surface
 Artesian flow _____ G.P.M. **25** P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

Date started **10/23, 20 00**
 Date completed **10/26, 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	25	125	3 HRS

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 DRIVE**
 (CONTRACTOR)
CARSON CITY, NV 89706
 Nevada contractor's license number **41775**
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1905**
 Signed *Michael Hack*
 By driller performing actual drilling on site or contractor
 Date **10-27-00**