

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. 82209
 Permit No. 104
 Basin 104
 NOTICE OF INTENT NO. 42010

PRINT OR TYPE ONLY

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

1. OWNER **ROBERT J WATERS**
 MAILING ADDRESS **3520 HARVARD DR**
CARSON CITY, NV 89701
 ADDRESS AT WELL LOCATION **1580 VALLEY VIEW DR**
CARSON CITY, NV 89701

2. LOCATION **SE 1/4 SE 1/4 Sec 29 T 15 N R 20 E** **CARSON** County
 PERMIT NO. **010-322-10**
 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 SANDSTONE		3	6	3
COURSE BROWN SAND		6	27	21
DG SANDS AND CLAY SEAMS		27	78	61
BROWN SANDY CLAY STRATA		78	124	46
COURSE DG SANDS		124	153	29
FRACTURED DG SANDS AND GRAVELS	XXX	153	200	47

8. WELL CONSTRUCTION
 Depth Drilled **200** Feet Depth Cased **200** Feet
 HOLE DIAMETER (BIT SIZE)
 From **11** Inches To **0** Feet **200** 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	200

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From **180** feet to **200** 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 **200** feet

9. WATER LEVEL
 Static water level **96** feet below land surface
 Artesian flow _____ G.P.M. **25** P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

Date started **10/3, 20 00**
 Date completed **10/5, 20 00**

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Draw Down (Feet Below Static)		Time (Hours)
	25	25	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 DR**
 (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 Hack*
 By driller performing actual drilling on site or contractor
 Date **10/5/00**