

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. 82617
 Permit No. 105
 Basin 105

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. 42026

1. OWNER **CRAIG BERGMAN CONSTRUCTION** ADDRESS AT WELL LOCATION **1938 HORSEBRUSH CRT**
 MAILING ADDRESS **P.O. BOX 2051** **GARDNERVILLE, NV 89410**

2. LOCATION **NE 1/4 NE 1/4 Sec 36 T 13 N R 20 E DOUGLAS County**
 PERMIT NO. **1320-36-002-014**
 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
HARD PAN COBBLES		0	18	18
COURSE COBBLES AND SANDS		18	78	60
SMALL SANDS AND OBSIDIAN GRAVELS		78	136	58
BROWN CLAY		136	263	127
GRAY SANDY CLAY		263	356	93
GRAY GUMMY SWELLING CLAY		356	480	124
FRACTURED GRAVELS	XX	480	520	40
RAY CLAY		520	540	20
SOFT COURSE SANDY DG SANDS	XXX	540	560	20

8. WELL CONSTRUCTION
 Depth Drilled **560** Feet Depth Cased **560** Feet
 HOLE DIAMETER (BIT SIZE)
 From **11** Inches To **0** Feet **375** Feet
9 7/8 Inches **375** Feet **560** 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	560

Perforations:
 Type perforation **MILL SLOT**
 Size perforation **3 X 3/32**
 From **500** feet to **520** feet
 From **540** feet to **560** feet
 From feet to feet
 From feet to feet
 From feet to feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **75** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **75** feet to **560** feet

9. WATER LEVEL
 Static water level **200** feet below land surface
 Artesian flow G.P.M. **30** P.S.I.
 Water temperature **WARM 75** °F Quality **GOOD**

Date started **1/18, 20 01**
 Date completed **1/25, 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	30	100	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 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. Hack*
 By driller performing actual drilling on site or contractor
 Date **1/29/01**