

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. 82792
 Permit No. 105 II
 Basin 105
 NOTICE OF INTENT NO. 45854

PRINT OR TYPE ONLY

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

1. OWNER **MIKE HICKEY CONSTRUCTION** ADDRESS AT WELL LOCATION **1439 NICOLE WY.**
 MAILING ADDRESS **1700 COUNTY RD A** **GARDNERVILLE, NV 89410**
MINDEN, NV 89423

2. LOCATION NE 1/4 NE 1/4 Sec 4 T 12 N R 19 E **DOUGLAS** County
 PERMIT NO. **19-340-16**

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
COURSE DG SANDS		0	6	6
DARK BROWN SANDS				
RUSTY BROWN DG SANDS AND CLAY		6	47	41
BROWN CLAY		47	110	63
SILTY GRAY SANDS		110	157	47
GRAY CLAY		157	170	13
FRACTURED DG SANDS AND COBBLES	XXX	170	220	50

0 APR 18 AM 9:35
 M. B. BURNINGHAM JR.

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 **MILL SLOT**
 Size perforation **3 X 3/32**
 From 200 feet to 220 feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 45 feet below land surface
 Artesian flow _____ G.P.M. 25+ P.S.I.
 Water temperature COLD °F Quality GOOD

Date started 4/05, 20 01
 Date completed 4/06, 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	<u>25+</u>	<u>40</u>	<u>3 HRS</u>

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 894706
 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 4/6/01