

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. 82793
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 45849

PRINT OR TYPE ONLY

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

1. OWNER **CHRISTIAN FUNK**
 MAILING ADDRESS **SEATTLE WASHINGTON**
 ADDRESS AT WELL LOCATION **2457 JUNIPER LN GARDNERVILLE, NV 89410**

2. LOCATION **NW 1/4 NW 1/4 Sec 33 T 21 N R 13 E DOUGLAS County**
 PERMIT NO. **1321-33-001-006** FISH SPRINGS 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	Thickness
COBBLES AND GRAVELS		0	6	6
COURSE GRAVELS AND BOULDERS		6	49	43
BROWN CLAY		49	95	46
DG SANDS AND CLAY STRATAS		95	173	78
BROWN GUMMY CLAY		173	210	37
COURSE OBSIDIAN SANDS AND CLAY		210	225	15
BROWN SANDY CLAY		225	250	25
FRACTURED GRAVELS	XXX	250	280	30

8. WELL CONSTRUCTION
 Depth Drilled **280** Feet Depth Cased **280** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 3/4** Inches To **0** 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	280

Perforations:
 Type perforation **MILL SLOT**
 Size perforation **3 X 3/32**
 From **260** feet to **280** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **55** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **55** feet to **280** 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 **3/13, 20 01**
 Date completed **3/16, 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	35	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 *[Signature]*
 By driller performing actual drilling on site or contractor
 Date **3/16/01**