

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. 83693
 Permit No. _____
 Basin _____
 NOTICE OF INTENT NO. 5848

PRINT OR TYPE ONLY

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

1. OWNER **BLAIN MCGUIRE CONSTRUCTION**
 MAILING ADDRESS **2110 LAKESHORE DRIVE**
CARSON CITY, NV 89704
 ADDRESS AT WELL LOCATION **4030 EASTLAKE BLVD**
CARSON CITY, NV 89704

2. LOCATION **NW 1/4 NW 1/4 Sec 5 T 16 N R 20 E** **WASHOE** County
 PERMIT NO. **050-413-07** **NEW WASHOE CITY**
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
BLOW SANDS		0	7	7
BROWN SOFT SANDS		7	45	38
BROWN CLAY AND SANDS		45	63	18
DG SANDS AND GRAVELS		63	94	31
HARD GRANITE HARD BLUE GRANITE		94	125	31
DG SANDS GRANITE HARD AREAS	XXX	125	160	35

8. WELL CONSTRUCTION

Depth Drilled **160** Feet Depth Cased **160** Feet

HOLE DIAMETER (BIT SIZE)

From	To
10 3/4 Inches	0 Feet 100 Feet
9 7/8 Inches	100 Feet 160 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	160

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From **140** feet to **160** 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 **160** 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 **3/9, 20 01**
 Date completed **3/12, 20 01**

7. WELL TEST DATE

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
25	40	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. Abel*
 By driller performing actual drilling on site or contractor
 Date **3/13/01**