

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. 83699
 Permit No. _____
 Basin _____
 NOTICE OF INTENT NO. 45845

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.310

1. OWNER **MICHAEL FARRARI**
 MAILING ADDRESS **1475 PALISADE DR RENO NV, 89509**

ADDRESS AT WELL LOCATION **122 PEPPY SAN CT WASHOE VALLEY, CARSON CITY NV, 89704**

2. LOCATION **NE 1/4 NE 1/4 Sec 5 T 16 N R 20 E WASHOE County**

PERMIT NO. **050-301-71** **WSHOE VALLEY**
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	Thickness
BLOW SANDS		0	8	8
COURSE DG SANDS		8	78	78
MEDIUM HARD GRANITE		78	93	15
VARY HARD GRANITE		93	196	103
HARD GRANITE FRACTURE	X	196	199	3
SOFTEN GRANITE SANDS		199	206	7
GRANITE FRACTURE	XXX	206	210	4
VARY HARD BLUE GRANITE		210	220	10

8. WELL CONSTRUCTION

Depth Drilled **220** Feet Depth Cased **220** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 3/4 Inches	0 Feet	120 Feet
9 7/8 Inches	120 Feet	220 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 **55** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **55** feet to **220** feet

9. WATER LEVEL

Static water level **60** feet below land surface
 Artesian flow _____ G.P.M. **22** P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

Date started **3/04, 20 01**
 Date completed **3/07, 20 01**

7. WELL TEST DATE

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
22	55	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 J. Hack*
 By driller performing actual drilling on site or contractor

Date **3/7/01**