

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. 83695
 Permit No. _____
 Basin _____
 NOTICE OF INTENT NO. 45855

PRINT OR TYPE ONLY

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

1. OWNER **JUDY HENDRICKS**
 MAILING ADDRESS 1136 APPION WY
CARSON CITY, NV 89701
 ADDRESS AT WELL LOCATION 80 RIVER ROAD
DAYTON, NV 89447

2. LOCATION SE 1/4 SE 1/4 Sec 12 T 16 N R 21 E **DOUGLAS** County
 PERMIT NO. 19-641-06

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
OVERBURDEN		0	3	3
COURSE SANDS		3	65	62
BROWN SANDY CLAY		65	110	
COURSE DG SANDS AND CLAY SEAMS		110	170	60
FRACTURED OBSIDIAN SANDS AND GRAVELS	XXX	170	190	20
GRAY GUMMY CLAY		190	200	10

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 200 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 0 Feet 200 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	200

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation 3 X 3/32
 From 180 feet to 200 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 200 feet

9. WATER LEVEL
 Static water level 60 feet below land surface
 Artesian flow _____ G.P.M. 30+ P.S.I.
 Water temperature 102 °F Quality **GOOD**

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)

Date started 4/04, 20 01
 Date completed 4/05, 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>30+</u>	<u>20</u>	<u>3 HRS</u>

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 4/06/01

RECEIVED
 01 APR 13 AM 9:03
 STATE ENGINEERS OFFICE