

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. 84130
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. **46256**

PRINT OR TYPE ONLY

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

1. OWNER **GRISWALD CONSTRUCTION** ADDRESS AT WELL LOCATION **2577 EAST VALLEY RD**
 MAILING ADDRESS **P.O. BOX 1622** **GARDNERVILLE, NV 89410**

2. LOCATION **NE 1/4 NE 1/4 Sec 2 T 13 N R 20 E DOUGLAS County**
 PERMIT NO. **1320/02/001/005**

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 DG SANDS		3	12	9
COURSE GRAVELS		12	58	46
BROWN CLAY		58	123	65
DG SANDS AND CLAY SEAMS		123	169	43
BROWN CLAY		169	210	41
RACTURED DG SAND OBSIDIAN SANDS	XXX	210	240	30

8. WELL CONSTRUCTION
 Depth Drilled **240** Feet Depth Cased **240** Feet
 HOLE DIAMETER (BIT SIZE)
 From **6 5/8** Inches To **0** Feet **240** 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	240

Perforations:
 Type perforation **MILL SLOT**
 Size perforation **3 X 3/32**
 From **220** feet to **240** 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 **240** feet

9. WATER LEVEL
 Static water level **70** feet below land surface
 Artesian flow _____ G.P.M. **25** P.S.I.
 Water temperature **COLD** °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.

Date started **5/28, 20 01**
 Date completed **6/01, 20 01**

7. WELL TEST DATE

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	25	45	3 HRS

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. Heck*
 By driller performing actual drilling on site or contractor
 Date **6/1/01**