

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. 84131
 Permit No. _____
 Basin 105

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **46258**

1. OWNER **RALPH PARISH**
 MAILING ADDRESS **699 MARION WAY**
GARDNERVILLE, NV 89410
 ADDRESS AT WELL LOCATION **750 GAINSBURG CT**
GARDNERVILLE, NV 89410

2. LOCATION NW 1/4 NW 1/4 Sec 36 T 12 N R 19 E **DOUGLAS** County
 PERMIT NO. 19/440/14

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
DG SANDS AND BOULDERS		0	23	23
LARGE GRANITE BOULDERS		23	45	22
COURSE DG SANDS AND CLAY SEAMS		45	98	53
FRACTURED SLATE AND OBSIDIAN SANDS		98	125	27
FRACTURED DG SANDS	XXX	125	160	35

8. WELL CONSTRUCTION

Depth Drilled 160' Feet Depth Cased 160' Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 3/4</u> Inches	<u>0</u> Feet <u>160</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.03</u>	<u>.188</u>	<u>0</u>	<u>160</u>

Perforations:
 Type perforation **MILL SLOT**
 Size perforation **3 X 3/32**
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 160 feet

9. WATER LEVEL
 Static water level 55 feet below land surface
 Artesian flow _____ G.P.M. 25 P.S.I.
 Water temperature COLD °F Quality GOOD

Date started 5/24, 20 01
 Date completed 5/26, 20 01

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>25</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Draw Down (Feet Below Static)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>35</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Time (Hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>3 HRS</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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. Beck*
 By driller performing actual drilling on site or contractor
 Date 5/27/01

RECEIVED
 JUN - 6 AM 8:27
 STATE ENGINEERING OFFICE