

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. 84246
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 46264

PRINT OR TYPE ONLY

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

1. OWNER **JEFF KIRBY CONSTRUCTION**
 MAILING ADDRESS **2972 SAN MATEO DRIVE**
MINDEN, NV 89423
 ADDRESS AT WELL LOCATION **1665 HYDE ST**
MINDEN, NV 894523

2. LOCATION **SW 1/4 SW 1/4 Sec 2 T 13 N R 20 E DOUGLAS County**
 PERMIT NO. **1320-02-001-070**
 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
OVERBURDEN		0	3	3
HARDPAN CLAY		3	6	3
COURSE DG SANDS		6	47	41
BROWN CLAY		47	87	40
COURSE OBSIDIAN SANDS		87	119	32
BROWN CLAY		119	223	104
COURSE DG SANDS WITH CLAY SEAMS		223	231	8
FRACTURED DG SANDS AND GRAVELS	XXX	231	260	29

8. WELL CONSTRUCTION
 Depth Drilled **260** Feet Depth Cased **260** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 3/4** Inches To **0** Feet **260** 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	260

 Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From **240** feet to **260** 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 **260** feet

9. WATER LEVEL
 Static water level **110** feet below land surface
 Artesian flow _____ G.P.M. **25** P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

Date started **7/21, 20 01**
 Date completed **7/23, 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	25	35	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 89423
 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. Hoik*
 By driller performing actual drilling on site or contractor
 Date **7/25/01**