

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. 84744
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 46374

PRINT OR TYPE ONLY

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

1. OWNER **BRIAN EATHLEY**
 MAILING ADDRESS **GARDNERVILLE, NV 89410**
 ADDRESS AT WELL LOCATION **2878 NYE DR. MINDEN, NV 89410**

2. LOCATION **SW 1/4 NE 1/4 Sec 26 T 14 N R 20 E DOUGLAS County**
 PERMIT NO. **1420-26-301-013** JOHNSON LANE AREA
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
DG SANDS		0	6	6
BROWN CLAY		6	14	8
COURSE DG SANDS		14	115	111
BROWN CLAY		115	233	118
COURSE OBSIDIAN SANDS		223	265	32
GRAY CLAY		265	340	75
BLACK SLATE AND OBSIDIAN SANDS	X	340	400	60
FRACTURED OBSIDIAN SANDS AND SLATE	XXX	400	440	40

8. WELL CONSTRUCTION
 Depth Drilled **440** Feet Depth Cased **440** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 3/4** Inches To **0** Feet **440** 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	440

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From **350** feet to **370** feet
 From **420** feet to **440** 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 **440** feet

9. WATER LEVEL
 Static water level **200** feet below land surface
 Artesian flow _____ G.P.M. **25** P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

Date started **10/22, 20 01**
 Date completed **10/27, 20 01**

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Draw Down (Feet Below Static)		Time (Hours)
G.P.M.	25	65	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 Black*
 By driller performing actual drilling on site or contractor
 Date **10/29/01**