

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. 85006
 Permit No. _____
 Basin 103
 NOTICE OF INTENT NO. 46378

PRINT OR TYPE ONLY

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

1. OWNER **MICHAEL BOLELHO**
 MAILING ADDRESS _____
 ADDRESS AT WELL LOCATION **71 S. RAINBOW DRIVE DAYTON, NV 89403**

2. LOCATION **NE** 1/4 ~~NE~~ 1/4 Sec 27 T 17 N R 22 E **LYON** County

PERMIT NO. SW **19-193-08**
 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	Thick-ness
COURSE SANDS		0	3	3
HARDPAN DG SANDS		3	6	3
BLOW SANDS		6	9	3
COURSE DG SANDS AND GRAVELS		6	25	22
BROWN CLAY		25	63	38
DG SANDS		63	82	19
BROWN CLAY STRATA		82	123	41
COURSE DG SANDS AND SMALL GRAVELS	XXX	123	155	32

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 WATER RESOURCES DIV.

8. WELL CONSTRUCTION

Depth Drilled 155 Feet Depth Cased 155 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 3/4</u> Inches	<u>0</u> Feet <u>155</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>155</u>

Perforations:

Type perforation **MILL SLOT**
 Size perforation **3 X 3/32**

From 135 feet to 155 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 155 feet

9. WATER LEVEL

Static water level 60 feet below land surface
 Artesian flow _____ G.P.M. 25 P.S.I.
 Water temperature COLD °F Quality GOOD

Date started 10/8, 20 01
 Date completed 10/9, 20 01

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>25+</u>	<u>25</u>	<u>3 HRS</u>	

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 Bolelho
 By driller performing actual drilling on site or contractor
 Date 10/14/01