

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. 85085  
 Permit No. \_\_\_\_\_  
 Basin 105  
 NOTICE OF INTENT NO. 46263

PRINT OR TYPE ONLY

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

1. OWNER **MARK NIELSON** ADDRESS AT WELL LOCATION **755 TRANS ACRE LANE**  
 MAILING ADDRESS **INCLINE VILLAGE, NV** **MINDEN, NV 89423**

2. LOCATION **NE 1/4 NE 1/4 Sec 2 T 12 N R 19 E** **DOUGLAS** County

PERMIT NO. **19-080-180**

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
OVERBURDEN		0	3	3
BROWN CLAY		3	15	12
COURSE GRAVELS	X	15	35	20
BROWN CLAY		35	68	33
GRAY CLAY		68	110	42
COURSE SILTY SAND		110	123	13
COURSE GRAVELS	XXX	123	160	37

8. WELL CONSTRUCTION

Depth Drilled **160'** Feet Depth Cased **160'** Feet

HOLE DIAMETER (BIT SIZE)

From	To
<b>10 3/4</b> Inches	<b>0</b> Feet <b>220</b> Feet
Inches	Feet Feet
Inches	Feet Feet

CASING SCHEDULE

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

Perforations:

Type perforation **FACTORY MILL SLOT**

Size perforation **3 X 3/32**

From **140** feet to **160** 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 **2** feet below land surface

Artesian flow \_\_\_\_\_ G.P.M. **35+** P.S.I.

Water temperature **COLD** °F Quality **GOOD**

Date started **7/19, 20 01**  
 Date completed **7/20, 20 01**

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
	Draw Down		
G.P.M.	(Feet Below Static)	Time (Hours)	
<b>35+</b>	<b>45'</b>	<b>3 HRS</b>	

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 Slack*  
 By driller performing actual drilling on site or contractor  
 Date **7/21/01**