

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 85408
 Permit No. _____
 Basin 105

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. **46385**

PRINT OR TYPE ONLY

1. OWNER **KEVIN SULLIVAN**
 MAILING ADDRESS **1261 CONESTOGA DR**
MINDEN, NV 89423
 ADDRESS AT WELL LOCATION **1730 SUNRISE PASS**
MINDEN, NV 89423

2. LOCATION **NW 1/4 SE 1/4 Sec 2 T 13 N R 20 E** **DOUGLAS** County
 PERMIT NO. **1320-02-002-072**

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
HARDPAN CLAY		0	3	3
COURSE DG SANDS		3	21	18
BROWN CLAY				
SMALL OBSIDIAN		21	87	66
GRAVELS				
BROWN CLAY		87	167	80
SMALL CLAY SEAMS		167	234	67
SMALL DG SANDS				
SMALL DG SANDS AND OBSIDIAN GRAVELS	XXX	234	270	36

8. WELL CONSTRUCTION
 Depth Drilled **270** Feet Depth Cased **270** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 3/4** Inches **+2** Feet **270** 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	270

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From **210** feet to **230** feet
 From **250** feet to **270** 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 **270** feet

9. WATER LEVEL
 Static water level **160** feet below land surface
 Artesian flow _____ G.P.M. **23** P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

Date started **12/17, 20 01**
 Date completed **12/20, 20 01**

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

7. WELL TEST DATE

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
23	45	3 HRS

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 **12/26/01**