

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. 67871  
 Permit No. \_\_\_\_\_  
 Basin 10  
 NOTICE OF INTENT NO. 49396

PRINT OR TYPE ONLY

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

1. OWNER **ROB STINNETT CONSTRUCTION** ADDRESS AT WELL LOCATION **8 COLONY ESTATE DR WELLINGTON NV, 89443**  
 MAILING ADDRESS **P.O. BOX 2651 GARDNERVILLE, NV 89410**

2. LOCATION **SE 1/4 SE 1/4 Sec 34 T 11 N R 23 E LYON County**  
 PERMIT NO. **09/142/03**  
 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
OVERBURDEN		0	4	4
HARDPAN CLAY		4	8	4
COURSE SANDS		8	13	5
BROWN CLAY		13	68	55
SILTY SANDS		68	95	27
BROWN CLAY		95	160	65
FRACTURED GRAVELS	XXX	160	190	30

8. WELL CONSTRUCTION  
 Depth Drilled **190** Feet Depth Cased **190** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **10 3/4** Inches To **0** 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	190

 Perforations:  
 Type perforation **FACTORY MILL SLOT**  
 Size perforation **3 X 3/32**  
 From **170** feet to **190** 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 **190** feet  
 9. WATER LEVEL  
 Static water level **70** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. **25** P.S.I.  
 Water temperature **COLD** °F Quality **GOOD**

Date started **8/29, 20 02**  
 Date completed **8/30, 20 02**

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	<b>25</b>	<b>35</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 **2157**  
 Signed *Reek Grant*  
 By driller performing actual drilling on site or contractor  
 Date **8/31/02**