

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. 88719
 Permit No. _____
 Basin 103
 NOTICE OF INTENT NO. 49410

PRINT OR TYPE ONLY

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

1. OWNER **BLAIN MCGUIRE CONSTRUCTION** ADDRESS AT WELL LOCATION **265 IONE**
 MAILING ADDRESS **2110 EASTLAKE BLVD** **DAYTON, NV 89403**
CARSON CITY, NV 89703

2. LOCATION **NW 1/4 NW 1/4 Sec 10 T 16 N R 22 E** **LYON** County
 PERMIT NO. **19-142-09** **R**

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
BLOW SANDS		0	5	5
COURSE SANDS AND BROWN CLAY		5	16	9
COURSE SANDS		16	21	5
BROWN CLAY		21	45	24
SMALL SILTY SANDS		45	119	84
COURSE SANDS		119	185	66
DG SANDS AND CLAY				
LARGE FRACTURED GRAVELS AND DG	XXX	185	220	35

8. WELL CONSTRUCTION
 Depth Drilled **220** Feet Depth Cased **220** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 3/4** Inches To **0** Feet **220** 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	220

 Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From **200** feet to **220** 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 **200** feet

Date started **11/12, 20 02**
 Date completed **11/14, 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	30	40	3 HRS

9. WATER LEVEL
 Static water level **85** feet below land surface
 Artesian flow _____ G.P.M. **30** P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

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 *Rock Case*
 By driller performing actual drilling on site or contractor
 Date **11/25/02**

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 03 JAN -8 AM 11:07
 STATE ENGINEERS OFFICE