

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. 89035
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. **49411**
 ADDRESS AT WELL LOCATION **2235 CALLE HERMOSA**
GARDNERVILLE, NV 89410

PRINT OR TYPE ONLY

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

1. OWNER **RAM BUILDERS**
 MAILING ADDRESS **P.O. BOX 2436**
MINDEN, NV 89423
 ADDRESS AT WELL LOCATION **2235 CALLE HERMOSA**
GARDNERVILLE, NV 89410

2. LOCATION **SW 1/4 SW 1/4 Sec 32 T 13 N R 21 E** **DOUGLAS** County
 PERMIT NO. **1321-32-002-005**

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
OVERBURDEN		0	3	3
HARDPAN CLAY		3	12	9
SMALL CEMENTED GRAVELS		12	68	56
COUSE SANDS AND BROWN CLAY		68	145	77
BROWN DRY CLAY		145	253	108
BROWN GUMMY CLAY		253	312	59
FRACTURED GRAVELS SOFT AREA	XXX	312	340	28
COLORED SANDS				

8. WELL CONSTRUCTION
 Depth Drilled **340'** Feet Depth Cased **340'** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 3/4** Inches To **0** Feet **340** 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	13.08	.188		340

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From **320** feet to **340** 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 **340** feet

9. WATER LEVEL
 Static water level **120** feet below land surface
 Artesian flow _____ G.P.M. **25** P.S.I.
 Water temperature **CILD** °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.

Date started **11/8, 20 02**
 Date completed **11/12, 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	25	65	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 **2157**
 Signed *Rick Crane*
 By driller performing actual drilling on site or contractor
 Date **11/18/02**

RECEIVED
 02 DEC 17 AM 10:07
 STATE ENGINEERS OFFICE