

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. 89076
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 49440

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

PRINT OR TYPE ONLY

1. OWNER **RICK DECARLO CUSTOM HOMES** ADDRESS AT WELL LOCATION **1050 COUNTRY LANE**
 MAILING ADDRESS **P.O. BOX 2844** **GARDNERVILLE, NV 89410**
MINDEN, NV 89423

2. LOCATION SW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec 20 T 12 N R 20 E **DOUGLAS** County
 PERMIT NO. **1220-20-001-023**

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
COBBLES AND GRAVELS		3	65	62
LARGE GRAVELS		65	93	28
OBSIDIAN				
BROWN CLAY		93	135	42
SMALL SANDS GRAVELS	X	135	147	12
VERY FRACTURED OBSIDIAN SANDS AND GRAVELS	XXX	147	180	33

8. WELL CONSTRUCTION
 Depth Drilled 180 Feet Depth Cased 180 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches 0 Feet 180 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.03</u>	<u>.188</u>	<u>0</u>	<u>180</u>

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From 160 feet to 180 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 180 feet

9. WATER LEVEL
 Static water level _____ 60 feet below land surface
 Artesian flow _____ G.P.M. 35 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)

Date started 12/17, 20 02
 Date completed 12/19, 20 02

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
	Draw Down (Feet Below Static)		Time (Hours)
G.P.M.	<u>35</u>	<u>30</u>	<u>3 HRS</u>

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 Crase
 By driller performing actual drilling on site or contractor
 Date 12/17/02

RECEIVED
 03 JAN -8 AM 11:07
 STATE ENGINEERS OFFICE