

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. 90725
 Permit No. _____
 Basin 104
 NOTICE OF INTENT NO. 49686

PRINT OR TYPE ONLY

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

1. OWNER **BOB FREDLUND NEV HOME STYLES** ADDRESS AT WELL LOCATION **4480 OLD CLEAR CREEK**
 MAILING ADDRESS **4480 OLD CLEAR CREEK RD** **CARSON CITY, NV 89703**

2. LOCATION **SW 1/4 SE 1/4 Sec 35 T 15 N R 19 E** **CARSON** County
 PERMIT NO. **7-042-25**

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
COURSE DG SANDS		0	3	3
DG SANDS RUSTY		3	36	33
SOFT DG SANDS		36	110	74
RUSTY GRANITE		110	178	68
HARD DG GRANITE LIGHT GRAY		178	195	17
FRACTURED GRANITE RUSTY AND COLORED GD SANDS	XXX	195	220	25

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
 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 **220** feet

9. WATER LEVEL
 Static water level _____ **25** 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.

Date started **6/30**, 20 **03**
 Date completed **7/3**, 20 **03**

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 type="checkbox"/> Air Lift	30+	40	3 HRS

Name **CAPITAL CITY WELL DRILLING**
 (CONTRACTOR)
 Address **20 KIT KAT DRIVE**
 (CONTRACTOR)
CARSON CITY, NV 897076
 Nevada contractor's license number issued by the State Contractor's Board **0055548**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2157**
 Signed *Kirk Crane*
 By driller performing actual drilling on site or contractor
 Date **7/10/03**

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 03 AUG 13 AM 10:47
 STATE ENGINEERS OFFICE