

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 90731
 Permit No. 45739
 Basin 105

NOTICE OF INTENT NO. 48610B

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

1. OWNER East Fork Fire District
 MAILING ADDRESS PO Box 218
Minden, NV. 89423

ADDRESS AT WELL LOCATION 2249 Fish Springs Rd
Gardnerville

2. LOCATION 1/4 N 1/2 1/4 Sec. 5 T 12
 PERMIT NO. 45739 Issued by Water Resources Parcel No. 1221-05-001 N 21 E Douglas County
 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 _____

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|--|--------------|-----------|------------|------------|
| ABANDONMENT | | | | |
| Perforate well with holt perforator | | 60 | 110 | 50 |
| Pumped 4,315 lbs of neat cement from the bottom of the well to the surface. | | 0 | 120 | 120 |
| Note: tried to perf well from 10 ft. to 60 ft. but we were unable to. It appears the well has a seal to 60 ft. We were then able to perf from 60 ft. to 110 ft. | | | | |

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased 120 Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>8 5/8</u> | | <u>.375</u> | | |

Perforations:
 Type perforation Holt air perforator
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 120 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

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 STATE ENGINEERS OFFICE

Date started 8-19-03, 19____
 Date completed 8-19-03, 19____

7. WELL TEST DATA

| TEST METHOD: | TEST METHOD: | | Time (Hours) |
|-----------------------------------|--------------|-------------------------------|--------------|
| | G.P.M. | Draw Down (Feet Below Static) | |
| <input type="checkbox"/> Bailer | | | |
| <input type="checkbox"/> Pump | | | |
| <input type="checkbox"/> Air Lift | | | |

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Humboldt Drilling & Pump Co., Inc. Contractor
 Address 4675 W. Winnemucca Blvd Contractor
Winnemucca, Nevada 89445
 Nevada contractor's license number issued by the State Contractor's Board 015234
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1713
 Signed Tom O. Jones
 By driller performing actual drilling on-site or contractor
 Date 8/23/03