

- COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA

OFFICE USE ONLY

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.346

Log No. 90756
 Permit No. _____
 Basin 107

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. **49698**

1. OWNER **ROB STINETTE CONSTRUCTION**
 MAILING ADDRESS **P.O. BOX 11**
WELLINGTON, NV 89444

ADDRESS AT WELL LOCATION **100 HAWKVIEW**
SMITH VALLEY, NV 89444

2. LOCATION **SE 1/4 SE 1/4 Sec 12 T 11 N R 23 E LYON** County
 PERMIT NO. **10-191-14**

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	3	3
HARDPAN CLAY		3	6	3
SOFT SILTY SANDS		6	25	19
COURSE DG SANDS		25	93	68
BROWN CLAY		93	136	43
DG SANDS		136	156	20
GRAY GUMMY CLAY		156	195	39
BROWN CLAY		195	205	10
SOFT DG SANDS	XX	205	250	45
SMALL GRAVELS				

8. WELL CONSTRUCTION
 Depth Drilled **250'** Feet Depth Cased **250'** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 5/8** Inches To **0** Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	0	250

Perforations:
 Type perforation **MILL SLOT**
 Size perforation **3X 3/32**
 From **210** feet to **250** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **65** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **65** feet to **250** feet

9. WATER LEVEL
 Static water level **120** feet below land surface
 Artesian flow _____ G.P.M. **18** P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

Date started **9/8, 20 03**
 Date completed **9/10, 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	18	60	3 HRS

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 AND PUMPS**
 (CONTRACTOR)
 Address **20 KIT KAT DRIVE**
 (CONTRACTOR)
CARSON CITY, NV 89706
 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 *Rick Crave*
 By driller performing actual drilling on site or contractor
 Date **9/15/03**