

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. 91375
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 49710

PRINT OR TYPE ONLY

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

1. OWNER MIKE HICKEY CONSTRUCTION ADDRESS AT WELL LOCATION 1400 STONEGATE CT
 MAILING ADDRESS 1700 COUNTY RD A GARDNERVILLE, NV 89410
MINDEN, NV 89423

2. LOCATION SE 1/4 SW 1/4 Sec 34 T 13 N R 20 E DOUGLAS County

PERMIT NO. Sw Sw 1320-34-002-041 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 MUD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
HARDPAN		0	3	3
BROWN CLAY		3	26	23
LARGE GRAVELS		26	78	52
BROWN CLAY ZONE		78	183	105
SILTY AND SANDY				
FRACTURED GRAVELS	XXX	183	220	37
COURSE SANDS				

8. WELL CONSTRUCTION

Depth Drilled 220 Feet Depth Cased 220 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 3/4</u> Inches	<u>0</u> Feet <u>220</u> 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>220</u>

Perforations:

Type perforation FACTORY MILL SLOT

Size perforation 3 X 3/32

From	To
<u>200</u> feet to <u>220</u> feet	
_____ feet to _____ feet	
_____ feet to _____ feet	
_____ feet to _____ feet	
_____ 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. 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)

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 11/15/03

Date started 11/6, 20 03

Date completed 11/7, 20 03

7. WELL TEST DATE

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
G.P.M. <u>35+</u>	<u>45</u>	<u>3 HRS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

RECEIVED
 03 DEC -3 AM 11:12
 STATE ENGINEERS OFFICE