

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. 91798  
 Permit No. \_\_\_\_\_  
 Basin 103  
 NOTICE OF INTENT NO. 49695

PRINT OR TYPE ONLY

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

1. OWNER **DON KIETH CONSTRUCTION** ADDRESS AT WELL LOCATION **301 BAZIN CT**  
 MAILING ADDRESS **1273 FIGUERO WY** **DAYTON, NV 89443**  
**CARSON CITY, NV 89701**

2. LOCATION **NW 1/4 NW 1/4 Sec 5 T 16 N R 22 E** **LYON County**  
 PERMIT NO. **19-653-03**

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
BLOW SANDS		0	3	3
HARDPAN SANDS		3	6	3
BLOW SANDS		6	21	15
COURSE SANDS DG GRAVELS		21	87	66
BROWN CLAY		87	145	58
SMALL GRAVELS				
FRACTURED GRAVELS	XXX	145	180	35

8. WELL CONSTRUCTION  
 Depth Drilled **180** Feet Depth Cased **180** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **10 5/8** Inches To **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)
6 5/8	13.03	.188	0	180

Perforations:  
 Type perforation **FACTORY MILL SLOT**  
 Size perforation **3 X 3/32**  
 From **160** feet to **180** 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 **65** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. **25+** P.S.I.  
 Water temperature **COLD** °F Quality **GOOD**

Date started **8/21**, 20 **03**  
 Date completed **8/22**, 20 **03**

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 & PUMP INC.**  
 (CONTRACTOR)

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Draw Down (Feet Below Static)		Time (Hours)
G.P.M.	<b>25+</b>	<b>25</b>	<b>3 HRS</b>

Address **20 KIT KAT DRIVE**  
 (CONTRACTOR)  
**CARSON CITY, NV 88706**  
 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 *Kirk Crane*  
 By driller performing actual drilling on site or contractor  
 Date **8/25/03**

RECEIVED  
 03 SEP 10 AM 11:03  
 STATE ENGINEERS OFFICE