

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. 92989
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 49728



PRINT OR TYPE ONLY

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

1. OWNER **GREG DAVIES CONSTRUCTION**
 MAILING ADDRESS **P.O. BOX 22**
GARDNERVILLE, NV 89410

ADDRESS AT WELL LOCATION **1896 BORDA**
GARDNERVILLE, NV 89410

2. LOCATION **NE 1/4 SW 1/4 Sec 36 T 13 N R 20 E** **DOUGLAS** County

PERMIT NO. **1320-36-001-017**

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
BROWN HARD PAN		0	7	7
COURSE GRAVELS AND CLAY		7	35	28
SMALL GRAVELS		35	87	52
BROWN CLAY		87	340	253
GRAY CLAY (DRY)		340	387	47
GRAY CLAY (GUMMY)		387	402	15
BROWN SANDS (SOFT)		402	421	19
SMALL SOFT DG SAND	XXX	421	450	29

8. WELL CONSTRUCTION
 Depth Drilled **450** Feet Depth Cased **450** Feet
 HOLE DIAMETER (BIT SIZE)
 From **11** Inches To **0** Feet **340** Feet
9 7/8 Inches **340** Feet **450** 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	450

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From **430** feet to **450** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **50** feet to **450** feet

9. WATER LEVEL
 Static water level **220** feet below land surface
 Artesian flow _____ G.P.M. **25+** P.S.I.
 Water temperature **73** °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)

Date started **2/18, 20 04**
 Date completed **2/25, 20 04**

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
25+	85		3 HRS

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 Crane
 By driller performing actual drilling on site or contractor
 Date **3/12/04**

RECEIVED
 04 MAR 30 AM 10:14
 STATE ENGINEERS OFFICE