

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. 93674
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 49732

PRINT OR TYPE ONLY

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

1. OWNER **BILL WHITE**
 MAILING ADDRESS **P.O. BOX 474**
GARDNEVILLE, NV 89410
 ADDRESS AT WELL LOCATION **1638 NORTH STAR CT**
GARDNERVILLE, NV 89410

2. LOCATION **SW 1/4 SW 1/4 Sec 26 T 13 N R 20 E DOUGLAS County**

PERMIT NO. **1320-26-002-033** **SIERRA SHADOWS**
 Issued by Water Resources Period No. _____ Supervisor 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
HARD PAN CLAY		0	5	5
COURSE GRAVELS		5	13	8
COBBLES AND SMALL GRAVELS		13	116	108
BROWN CLAY		116	165	57
SMALL GUMMY CLAY CLAY STRATA		165	173	8
BROWN CLAY WITH SMALL GRAVELS		173	205	32
GUMMY CLAY		205	215	10
FRACTURED GRAVELS				
SMALL-OBSIDIAN SANDS	XXX	215	240	25

8. WELL CONSTRUCTION
 Depth Drilled 240 Feet Depth Cased 240 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 0 Feet 240 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	240

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From 220 feet to 240 feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 240 feet

9. WATER LEVEL
 Static water level 90 feet below land surface
 Artesian flow _____ G.P.M. 30 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 & PUMPS INC.**
 (CONTRACTOR)

Address **20 KIT KAT DRIVE**
 (CONTRACTOR)
CARSON CITY, NV 89706

Nevada contractor's license number issued by the State Contractor's Board **55548**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2157**

Signed Michael H. [Signature]
 By driller performing actual drilling on site or contractor

Date 6/17/04

Date started 6/12, 20 04
 Date completed 6/13, 20 04

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 checked="" type="checkbox"/> Air Lift	<u>30</u>	<u>50</u>	<u>3 HRS</u>

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