

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. 94966
 Permit No. _____
 Basin 105 49759

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 30529

1. OWNER **GARY LIST VERUS CONSTRUCTION** ADDRESS AT WELL LOCATION **1702 NORTH BENTON RD**
 MAILING ADDRESS **1615 HWY 395 NORTH** **GARDNERVILLE, NV 89410**
MINDEN, NV 89403

2. LOCATION NE $\frac{1}{4}$ SE $\frac{1}{4}$ Sec 26 T 13 N R 20 E **DOUGLAS** County
 PERMIT NO. **1320-26-001-027**

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
OVER BURDEN		0	3	3
HARD PAN CLAY		3	9	6
COURSE DG GRAVELS		9	45	36
BROWN CLAY		45	110	65
SMALL OBSIDIAN GRAVELS		110	162	52
BROWN GUMMY CLAY		162	203	41
FRACTURED GRAVELS				
SMALL SILTY SAND LAYERS	XXX	203	240	37

8. WELL CONSTRUCTION
 Depth Drilled 240 Feet Depth Cased 240 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 3/4 Inches 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	+2	20
sdr 21 6 5/8	4.06	.216	20	240

Perforations:
 Type perforation _____ SAW CUT
 Size perforation 3 X 3/32
 From 200 feet to 240 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 _____ 80 feet below land surface
 Artesian flow _____ G.P.M. 25 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)

Date started 11/10, 20 04
 Date completed 11/13, 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>65</u>	<u>3 HRS</u>

Address **20 KIT KAT DRIVE**
 (CONTRACTOR)
CARSON CITY, NV 89410
 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 Casare
 By driller performing actual drilling on site or contractor
 Date 12/06/04

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 01 DEC 11 AM 10:52
 STATE ENGINEERS OFFICE