

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. 95274
 Permit No. _____
 Basin 106

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. **53536**

1. OWNER **CY ARNOLD**
 MAILING ADDRESS **2019 DESERT PEACH DR**
CARSON CITY, NV 89703
 ADDRESS AT WELL LOCATION **3265 ALBA VISTA**
GARDNERVILLE, NV 89410

2. LOCATION **SE 1/4 NW 1/4 Sec 18 T 10 N R 22 E** **DOUGLAS** County
 PERMIT NO. **1022-18-002-035**

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	Thick-ness
VOLCANIC SAND AND GRAVELS		0	4	4
BROWN CLAY AND SMALL GRAVELS		4	9	5
SMALL GRAVELS AND SANDS		9	86	77
RUSTY CLAY		86	145	59
SMALL GRAVELS		145	168	23
BROWN CLAY		168	189	21
FRACTURED SOFT SANDS AND GRAVELS		189	240	51
BROWN CLAY		240	269	29
HARD FRACTURED VALCANIC SANDS	XX	269	320	51

8. WELL CONSTRUCTION
 Depth Drilled **320'** Feet Depth Cased **320'** Feet
HOLE DIAMETER (BIT SIZE)
 From **10 3/4** Inches To **0** Feet **320** 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
sdr21 6 5/8	4.06	.216	20	320

Perforations:
 Type perforation _____ **SAW CUT**
 Size perforation _____ **3X 3/32**
 From **260** feet to **320** 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 **320** feet

Date started **10/21, 20 04**
 Date completed **10/24, 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	20	45	3 HRS

9. WATER LEVEL
 Static water level **168** feet below land surface
 Artesian flow _____ G.P.M. **-20** 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 **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 **10/26/04**

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 04 NOV -5 AM 11:20
 STATE ENGINEERS OFFICE