

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 96134
 Permit No. _____
 Basin 69
 NOTICE OF INTENT NO. 52304

WELL DRILLER'S REPORT

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

PRINT OR TYPE ONLY

1. OWNER LARRY GREEN ADDRESS AT WELL LOCATION 7475 BROTHERS LN
 MAILING ADDRESS 7475 BROTHERS LN WASHOE CITY, NV 89704

2. LOCATION SE 1/4 NW 1/4 Sec 20 T 16 N R 19 E WASHOE County
 PERMIT NO. 55-281-24

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
HARD PAN CLAY		0	6	6
SURFACE WATER		6	12	6
DG SANDS				
BROWN DG SANDS		12	46	34
GRAY SILTY SANDS		46	86	40
GRAY CLAY		86	121	35
DG SANDS	XX	121	160	39

8. WELL CONSTRUCTION
 Depth Drilled 160' Feet Depth Cased 160' Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 3/4 Inches 0 Feet 160 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.03</u>	<u>.188</u>	<u>+2</u>	<u>20</u>
<u>6 5/8 sdr21</u>	<u>4.06</u>	<u>.216</u>	<u>20</u>	<u>160</u>

Perforations:
 Type perforation SAW CUT
 Size perforation 3X 3/32
 From 120 feet to 160 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 160 feet

9. WATER LEVEL
 Static water level 2 feet below land surface
 Artesian flow _____ G.P.M. 30+ P.S.I
 Water temperature COLD °F Quality GOOD

Date started 4/5, 20 05
 Date completed 4/06, 20 05

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>45</u>	<u>3 HRS</u>

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 WELLING 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 [Signature]
 By driller performing actual drilling on site or contractor
 Date 4/17/05

RECEIVED
 05 APR 26 AM 10:52
 STATE ENGINEERS OFFICE