

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

97179
 OFFICE USE ONLY

Log No. _____
 Permit No. _____
 Basin LOS

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. **55083**

1. OWNER **PTP INC**
 MAILING ADDRESS **P.O. BOX 188**
MINDEN, NV 89423

ADDRESS AT WELL LOCATION **175 HWY 395**
GARDNERVILLE, NV 89410 (HOLE # B-2)

2. LOCATION **NW 1/4 NE 1/4 Sec. 5 T 11N**
 PERMIT NO. **EPA #NV504000001**
Issued by Water Resources

N/S R 21E E DOUGLAS County
PINE VIEW ESTATES Parcel No.
Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Domestic
 Deepen Abandon Other Municipal/Industrial

4. PROPOSED USE
 Irrigation Test Cable Rotary RVC
 Monitor Stock Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
BROWN CLAY & ROCK		0	50	50
#10-20 COLORADO SILICA SAND WAS TREMIED FROM 50' TO 38' - #8 GRANULAR BENTONITE TREMIED FROM 38'-35' - PUMPED ABANDONITE FROM 35' TO 7' - POURED NEAT CEMENT FROM 7' TO SURFACE & PLACED A 22" X 22" X 3.5" CEMENT PAD AROUND A 6" X 8" STEEL LOCKING MONUMENT - WITH A 4" PVC LOCK CAP - 4" THREADED CAP WAS PLACED ON THE BOTTOM OF THE 4" PVC PIPE				

8. WELL CONSTRUCTION

Depth Drilled **50** Feet Depth Cased **50** Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
10.5 Inches	0 Feet	50 Feet	Feet
_____ Inches	_____ Feet	_____ Feet	Feet
_____ Inches	_____ Feet	_____ Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5		SCH 40	+5	50

Perforations:
 Type perforation **MACHINED SLOT IN ASTM F 480 SCH 40**
 Size perforation **.010**

From **40** feet to **50** feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal **38**
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout

Gravel Packed: Yes No
 From **38** feet to **50** feet

9. WATER LEVEL
 Static water level **DRY HOLE** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **HACKWORTH DRILLING, INC** Contractor
 Address **P.O. BOX 850** Contractor
ELKO, NV 89803
 Nevada contractor's license number issued by the State Contractor's Board **020582**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1998**
 Signed *Brodley P. Weal*
 By driller performing actual drilling on-site or contractor
 Date **4/5/2005**

Date started **4/3/2005** 19____
 Date completed **4/3/2005** 19____

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift
 Draw Down (Feet Below Static) _____ Time (Hours) _____
 G.P.M. _____