

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. 98457
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 52339

PRINT OR TYPE ONLY

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

1. OWNER **MIKE HICKEY CONSTRUCTION** ADDRESS AT WELL LOCATION **1430 STONEGATE CT**
 MAILING ADDRESS **1700 COUNTY RD A**
MINDEN, NV 89423 **GARDNERVILLE, NV 89410**

2. LOCATION SW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec 34 T 13 N R 20 E DOUGLAS County
 PERMIT NO. SE 1320-34-002-044
 Issued by Water Resources Parcel No. Subdivision 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	Thick-ness
HARDPAN		0	3	3
BROWN CLAY		3	26	23
LARGE GRAVELS		26	78	52
BROWN CLAY ZONE		78	183	105
SILTY AND SANDY				
FRACTURED GRAVELS	XXX	183	220	37
COURSE SANDS				

8. WELL CONSTRUCTION
 Depth Drilled 220 Feet Depth Cased 220 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 3/4 Inches 0 Feet 220 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
6 5/8 sdr 21	4.06	.216	20	220

Perforations:
 Type perforation _____
 Size perforation SAW CUT
3 X 3/32
 From 180 feet to 220 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 220 feet

9. WATER LEVEL
 Static water level 25 feet below land surface
 Artesian flow _____ G.P.M. 35+ 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.

Date started 9/27, 20 05
 Date completed 9/29, 20 05

7. WELL TEST DATE

TEST METHOD:	Draw Down (Feet Below Static)		Time (Hours)
	G.P.M.		
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>35+</u>	<u>45</u>	<u>3 HRS</u>

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 10/6/05

RECEIVED
 2005 OCT 13 AM 11:03
 STATE ENGINEERS OFFICE