

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. 98662
 Permit No. _____
 Basin 107
 I

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. 52320

1. OWNER **MIKE WALTERS CONSTRUCTION**
 MAILING ADDRESS **P.O. BOX 2322**
GARDNERVILLE, NV 89410

ADDRESS AT WELL LOCATION **255 CHAPARRAL**
SMITH VALLEY NV 89430

2. LOCATION **NW 1/4 SW 1/4 Sec 22 T 11 N R 24 E** ~~DOUGLAS~~ County

PERMIT NO. **09-152-08** Issued by Water Resources Parcel No. _____ Subdivision Name Lyon

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
OVERBURDEN		0	3	3
HARDPAN CLAY		3	8	5
SANDY BLOW SANDS		8	17	9
COURSE DG SANDS		17	83	66
BROWN CLAY		83	107	24
GRAY SANDS		107	162	55
GUMMY LIGHT GRAY CLAY		162	182	20
SMALL DG SANDS AND CLAY BALLS		182	207	25
DG SANDS AND GRAVELS	XXX	207	250	43

8. WELL CONSTRUCTION
 Depth Drilled 250 Feet Depth Cased 250 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 0 Feet 250 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	10
6 5/8 sdr21	4.06	.216	10	250

Perforations:
 Type perforation **SAW CUT**
 Size perforation **3 X 3/32**
 From 210 feet to 250 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 65 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 65 feet to 250 feet

9. WATER LEVEL
 Static water level 135 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)
 Address **20 KIT KAT DRIVE**
 (CONTRACTOR)
CARSON CITY, NV 89706
 Nevada contractor's license number issued by the State Contractor's Board 55548
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2157
 Signed Ruel O'Neal
 By driller performing actual drilling on site or contractor
 Date 6/28/05

Date started 6/25, 20 05
 Date completed 6/27, 20 05

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Draw Down (Feet Below Static)		Time (Hours)
G.P.M.	<u>25+</u>	<u>25</u>	<u>3 HRS</u>

RECEIVED
 05 JUL 29 AM 11:34
 STATE ENGINEERS OFFICE