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STATE OF NEVADA

DIVISION OF WATER RESOURCES

# WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 99619
Permit No.
Basin 103

NOTICE OF INTENT NO. 56744

1. OWNER MIKE KINKLE
MAILING ADDRESS 5050 RIVERS EDGE DR
FALLON, NV 89406

ADDRESS AT WELL LOCATION 185 RIVERS ST
DAYTON, NV 89403

2. LOCATION NW ¼ SE ¼ Sec 23 T 16 N R 21 E LYON County

PERMIT NO. (Issued by Water Resources) | 006-064-26 (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 HAND DUG

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|---|---|---|---|---|
| ABANDON 42" WELL | | | | |
| PLACED BENTONITE | | | | |
| PELLETS IN WATER | | | | |
| BEARING AREA UP TO | | | | |
| 10' | | | | |
| PUMPED IN 3 YRDS OF | | | | |
| CEMENT GROUT TO | | | | |
| SURFACE 10' to Surface | | | | |

Date started 4/10, 20 06
Date completed 4/10, 20 06

7. WELL TEST DATE

TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|---|---|---|
| N/A | N/A | N/A |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

| | | From | | To | |
|---|---|---|---|---|---|
| 42" | Inches | 0 | Feet | 15 | Feet |
| | Inches | | Feet | | Feet |
| | Inches | | Feet | | Feet |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|---|---|---|---|---|
| N/A | | | | |
| | | | | |
| | | | | |

Perforations:
Type perforation N/A
Size perforation
From N/A feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: ☐ Yes ☐ No Seal Type:
Depth of Seal N/A ☐ Neat Cement
Placement Method: ☐ Pumped ☐ Cement Grout
☐ Poured ☐ Concrete Grout
Gravel Packed: ☐ Yes ☐ No
From N/A feet to _____ feet

9. WATER LEVEL
Static water level 11 feet below land surface
Artesian flow _____ G.P.M N/A P.S.I
Water temperature N/A °F Quality N/A

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 1905
Signed [signature]
By driller performing actual drilling on site or contractor
Date 4/11/06


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