

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

OFFICE USE ONLY
Log No. 1006014
Permit No. _____
Basin TDS

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. 62903

1. OWNER TOM REYNOLDS CONSTRUCTION ADDRESS AT WELL LOCATION 2448 MT COMO
MAILING ADDRESS 1585 BUCKEYE RD GARDNERVILLE, NV 89410
Subdivision Name: _____ County: Douglas

2. LOCATION NW 1/4 NW 1/4 Sec 4 T 12N N/S/R 21 E
PERMIT/WAIVER No. 1221-04-001-019 Latitude 38.93932°N UTM E NAD 27
Parcel No. _____ Longitude 119.63470°W N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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
OVER BURDEN		0	5	5
COURSE GRAVELS		5	78	73
1/4 INCH GRAVELS		78	110	32
SMALL GRAVELS		110	129	19
BROWN CLAY		129	168	39
SMALL GRAVELS		168	213	45
GRAY CLAY		213	222	9
SMALL DG SANDS	XXX	222	250	28

9. WELL CONSTRUCTION

Depth Drilled 250' Feet Depth Cased 250 Feet

HOLE DIAMETER (BIT SIZE)

From		To	
<u>10 5/8</u> inches	<u>0</u> feet	<u>250</u> feet	<u>250</u> 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>10</u>
<u>SDR 21</u>	<u>4.26</u>	<u>4.06</u>	<u>10</u>	<u>250</u>

Perforations:

Type of perforation SAW CUT

Size of perforation 3X3/32

From	feet to	feet
<u>210</u>	<u>250</u>	<u>250</u>
From	feet to	feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured

Cement Grout 0 to 100 Pumped Poured

Concrete Grout to _____ Pumped Poured

≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 100 to 250 Pumped Poured

Type: peat gravels

Bentonite Chips: Yes No to _____ Pumped Poured

Type: _____

Date started: 11-Aug .20 08
Date completed: 14-Aug .20 08

7. Water Level
Static water level: 95 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: GOOD

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>25</u>	<u>60</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 CAPTIAL CITY WELL DRILLING AND PUMP SERVICE INC
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 Michael Black
By driller performing actual drilling on site or contractor

Date 08/25/2008

(Rev. 05-06) USE ADDITIONAL SHEETS IF NECESSARY

N 38.939411
W 119.633695 NAD83