

COPIES TO **FINALIZED M#**
 - 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. 110793
 Permit No. -
 Basin 102

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. 56733
 ADDRESS AT WELL LOCATION 1385 8TH STREET
SILVER SPRINGS NV, 89443

1. OWNER **CORNERSTONE CONSTRUCTION**
 MAILING ADDRESS 3140 E NYE LN.
CARSON CITY, NV 89706
 ADDRESS AT WELL LOCATION 1385 8TH STREET
SILVER SPRINGS NV, 89443
 2. LOCATION SE 1/4 SE 1/4 Sec 13 T 17 N R 24 E **LYON** County

PERMIT NO. 17-261-04
 Issued by Water Resources
 Parcel No. 17-261-04
 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	Thickness
COURSE SANDS		0	6	6
VOLCANIC GRAVELS		6	45	39
BROWN CLAY		45	53	8
OBSIDIAN GRAVELS		53	118	65
LOSS CIRCULATION SWITCHED TO AIR		118		
FRACTURED GRAVELS		118	139	21
SOFT SANDS SMALL OBSIDIAN GRAVELS	XX	139	160	21
GPS NAD 27 39.335207°N				
119.237435°W				

8. WELL CONSTRUCTION
 Depth Drilled 160' Feet Depth Cased 160 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches 0 Feet 160 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 sdr21	4.06	.216	20	160

Perforations:
 Type perforation **SAW CUT**
 Size perforation **3X32**
 From 120 feet to 160 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 160 feet

9. WATER LEVEL
 Static water level 85 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.

Date started 2/3, 20 06
 Date completed 2/5, 20 06

7. WELL TEST DATE

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>25+</u>	<u>45</u>	<u>2 HRS</u>

Name **CAPITAL CITY WELL DRILLIG** (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 Bill Crowe
 By driller performing actual drilling on site or contractor
 Date 2/10/06