

Log No. 79166
 Permit No. _____
 Basin X05

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 26848

1. OWNER Rick Decarlo Custom Homes ADDRESS AT WELL LOCATION 1371 Calleleguend
 MAILING ADDRESS P.O. Box 2844 Minden Garberville NV 89423
 NV 89423

2. LOCATION SW 1/4 SW 1/4 Sec. 32 T. 13 S. R. 21 E. Douglas County
 PERMIT NO. 35-130-070 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 RYC
 Air Other MUC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>overburden</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>cobbles & Boulders</u>		<u>3</u>	<u>67</u>	<u>64</u>
<u>Comented Gravels and cobbles</u>		<u>67</u>	<u>93</u>	<u>26</u>
<u>Brown Clay</u>		<u>93</u>	<u>147</u>	<u>54</u>
<u>Fine Brown Clay strata w/ small sands</u>		<u>147</u>	<u>174</u>	<u>27</u>
<u>Solid Brown Clay Strata</u>		<u>174</u>	<u>184</u>	<u>10</u>
<u>Hard Fractured obsidian Gravels</u>	<u>XX</u>	<u>184</u>	<u>220</u>	<u>36</u>

8. WELL CONSTRUCTION
 Depth Drilled 220 Feet Depth Cased 220 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 0 Feet
 To 220 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.23</u>	<u>1.188</u>	<u>0</u>	<u>220</u>

Perforations:
 Type perforation Mill slot
 Size perforation 3 X 3/32
 From 200 feet to 220 feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 220 feet

9. WATER LEVEL
 Static water level 8.5 feet below land surface
 Artesian flow _____ G.P.M. 25 P.S.I.
 Water temperature Cold °F Quality Good

Date started 3-1 2:00
 Date completed 3-3 4:00

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>25</u>	<u>45</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 CAPITAL City Well Drilling Contractor
 Address 20 Kit Kat DR. Contractor
Carson City NV 89706
 Nevada contractor's license number 41775 issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
 Signed M. Paetz
 By driller performing actual drilling on site or contractor
 Date 3-6-00