

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. 82722
 Permit No. 89
 Basin 89

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. 4222
CARSON CITY, NV 89704

1. OWNER **LARRY PEASTER**
 MAILING ADDRESS **800 REDFIELD PARKWAY # 17**
RENO, NV 89509

ADDRESS AT WELL LOCATION **846 WASHOE DR**
CARSON CITY, NV 89704

2. LOCATION **NE 1/4 NE 1/4 Sec 26 T 17 N R 19 E** **WASHOE** County
 PERMIT NO. **050-231-45**

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
BROWN HARD PAN CLAY		3	7	4
BROWN SANDS		7	34	27
BROWN SANDY CLAY		34	63	29
BROWN DG SANDS		63	79	16
BROWN GUMMY CLAY		79	117	38
COURSE DG SANDS	XXX	117	140	23

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 5/8** Inches To **0** Feet **140** 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	0	140

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From **120** feet to **140** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **100'** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **100** feet to **140** feet

9. WATER LEVEL
 Static water level **30** feet below land surface
 Artesian flow _____ G.P.M. **25+** P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

Date started **12/12**, 20 **00**
 Date completed **12/13**, 20 **00**

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
25+	20	3 HRS	

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 **41775**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1905**
 Signed *Michael L. Hook*
 By driller performing actual drilling on site or contractor
 Date **12/15/00**