

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. 84128
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 45862

PRINT OR TYPE ONLY

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

1. OWNER **JEFF KIRBY CONSTRUCTION** ADDRESS AT WELL LOCATION **1887 ARABIAN DRIVE**
 MAILING ADDRESS **2972 SAN MATEO DRIVE** **GARDNERVILLE, NV 89410**
MINDEN, NV 89423

2. LOCATION SW 1/4 SW 1/4 Sec 24 T 12 N R 20 E **DOUGLAS** County
 PERMIT NO. 1220-24-302-042 **RHUENSTROTH AREA**
 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 RVC
 Air Other **MUD**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
OVERBURDEN		0	3	3
BROWN CLAY		3	35	32
COURSE OBSIDIAN GRAVELS		35	85	50
BROWN CLAY		85	115	30
COURSE SANDS AND OBSIDIAN SLATE AND COBBLES		115	163	48
BROWN CLAY SEAM		163	196	33
FRACTURED GRAVELS	XXX	196	220	24

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

 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 55 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 55 feet to 220 feet
 9. WATER LEVEL
 Static water level 80 feet below land surface
 Artesian flow _____ G.P.M. 25 P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

7. WELL TEST DATE
 TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>25</u>	<u>35</u>	<u>3 HRS</u>

 Date started 5/20, 20 01
 Date completed 5/23, 20 01

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 DRILING**
 (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 Zwick
 By driller performing actual drilling on site or contractor
 Date 5/23/01

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 STATE ENGINEERING OFFICE