

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. 84164
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 46260

PRINT OR TYPE ONLY

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

OWNER **CHRIS COLLINS**
 MAILING ADDRESS **1406 B JAMES RD GARDNERVILLE**
 ADDRESS AT WELL LOCATION **2862 NYE DRIVE MINDEN, NV 89423**

2. LOCATION **SW 1/4 SW 1/4 Sec 26 T 14 N R 20 E DOUGLAS County**
 PERMIT NO. **1420-26-301-012**

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
DG SANDS		0	6	6
BROWN CLAY		6	14	8
COURSE DG SANDS		14	115	111
BROWN CLAY		115	233	118
COURSE OBSIDIAN SANDS		233	265	32
GRAY CLAY		265	328	63
BLACK SLATE AND OBSIDIAN SANDS		328	400	72
VERY HARD LAYER		400	418	18
VERY FRACTURED OBSIDIAN SANDS AND SLATE	XXX	418	460	42

8. WELL CONSTRUCTION				
Depth Drilled	460 Feet	Depth Cased	460 Feet	
HOLE DIAMETER (BIT SIZE)				
	From		To	
	10 3/4 Inches	0 Feet	460 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	460

Perforations:
 Type perforation **MILL SLOT**
 Size perforation **3X 3/32**
 From **340** feet to **380** feet
 From **440** feet to **460** 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 **460** feet

9. WATER LEVEL
 Static water level **200** feet below land surface
 Artesian flow _____ G.P.M. **25** P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

Date started **6/25, 20 01**
 Date completed **6/28, 20 01**

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	25	60	3 HRS

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 **20M 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 Z. Mack*
 By driller performing actual drilling on site or contractor
 Date **6/28/01**