

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. 84240
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 46265

PRINT OR TYPE ONLY

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

1. OWNER **JACK WHITE**
 MAILING ADDRESS **423 CLAIRE CRT**
GARDNERVILLE, NV 89410
 ADDRESS AT WELL LOCATION **746 CLAIRE CRT**
GARDNERVILLE, NV 89410

2. LOCATION NW 1/4 NW 1/4 Sec 23 T 12 N R 19 E **DOUGLAS** County
 PERMIT NO. 19-280-430

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	Thickness
GRANITE BOULDERS AND COBBLES		0	36	36
COURSE DG SANDS AND GRANITE		36	110	74
HARD GRANITE BOULDERS		110	136	26
FRACTURED GRANITE		136	148	12
HARD GRANITE DG SANDS		148	176	28
FRACTURED DG GRANITE DG SANDS	XXX	176	200	24

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 200 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 0 Feet 200 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	200

 Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation 3 3/32
 From 180 feet to 200 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 60 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 60 feet to 200 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

Date started 8/12, 20 01
 Date completed 8/15, 20 01

7. WELL TEST DATE

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>25</u>	<u>35</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 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 Whitney P. Jack
 By driller performing actual drilling on site or contractor
 Date 8/15/01