

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. 84251
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 46368

PRINT OR TYPE ONLY

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

1. OWNER **JEKK KIRBY CONSTRUCTION**
 MAILING ADDRESS **2972 SAN MATEO DRIVE**
MINDEN, NV 89423
 ADDRESS AT WELL LOCATION **1669 HYDE ST.**
MINDEN, NV 89423

2. LOCATION **SW 1/4 SW 1/4 Sec 2 T 13 N R 20 E DOUGLAS County**
 PERMIT NO. **1320-02-001-071**
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
HARDPAN CLAY		3	6	3
COURSE DG SANDS		6	47	41
BROWN SANDY GUMMY CLAY		47	87	40
COURSE OBSIDIAN SANDS		87	119	32
BROWN CLAY		119	223	104
COURSE FRACTURED OBSIDIAN SANDS AND GRAVELS	XXX	223	260	37

8. WELL CONSTRUCTION
 Depth Drilled **260** Feet Depth Cased **260** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 3/4** Inches To **0** Feet **260** 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	260

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From **240** feet to **260** 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 **260** feet

9. WATER LEVEL
 Static water level **110** feet below land surface
 Artesian flow _____ G.P.M. **23** P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

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)

Date started **8/25, 20 01**
 Date completed **8/28, 20 01**

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.			Time (Hours)
23	35		3 HRS

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 Z. Jack*
 By driller performing actual drilling on site or contractor
 Date **4/13/01**