

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. 86314
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 42035

PRINT OR TYPE ONLY

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

1. OWNER **MR & MRS. BOURNE** ADDRESS AT WELL LOCATION **281 FREDRICKSBURGE RD**
 MAILING ADDRESS **STATELINE, NV** **GARDNERVILLE, NV 89410**

2. LOCATION SW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec 31 T 12 N R 20 E **DOUGLAS** County
 PERMIT NO. **1220-31-002-006**

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 AND COBBLES		0	34	34
GRANITE BOULDERS AND DG SANDS		34	65	31
FRACTURED GRANITE DG SANDS		65	96	31
SOFT GRANITE GRAVELS	X	96	120	24
VERY FRACTURED DG GRANITE LAYERS	XX	120	176	56
SOFT FRACTURED GRANITE	XX	176	200	24
HARD BED ROCK GRANITE	X	200	210	10

8. WELL CONSTRUCTION
 Depth Drilled 210 Feet Depth Cased 210 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 3/4 Inches To 0 Feet 210 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8		17.56	+2	210

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**
 From 150 feet to 210 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 210 feet

9. WATER LEVEL
 Static water level 34 feet below land surface
 Artesian flow _____ G.P.M. 125+ P.S.I.
 Water temperature COLD °F Quality GOOD

Date started 02/15/02 2/15, 20 02
 Date completed 2/20/02 2/20, 20 02

7. WELL TEST DATE

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
G.P.M. <u>125+</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 Michael Zback
 By driller performing actual drilling on site or contractor
 Date 2/22/02