

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. 36325
 Permit No. _____
 Basin 104

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 46388

1. OWNER DR. MICHAEL FRY
 MAILING ADDRESS CARSON CITY, NV 89703
A&A CONT. 1170 ZEROLENE PL.
 ADDRESS AT WELL LOCATION NOT GIVEN YET
BRUSH DRIVE
CARSON CITY, NV 89703

2. LOCATION SE SE 12 15 N R 19 E CARSON County
 PERMIT NO. R-401 007-120-03
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 N/A

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
OBTAINED A WEIVER FROM STATE TO ABANDON WELL. NOT ABLE TO PERFORATE WELL DUE TO BEING IN A CELLAR UNDER GROUND				
PLACED TREEMIE PIPE TO BOTTOM OF WELL. PUMP FULL WITH A NEAT CEMENT GROUT 6 SACKS TO 30 GALLONS OF WATER PUMP TO SURFACE				
DEPT: 150' STATIC WATER: 125'				

8. WELL CONSTRUCTION
 Depth Drilled N/A Feet Depth Cased N/A Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
N/A Inches _____ Feet _____ 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	15.36	.188	0	150

Perforations:
 Type perforation N/A
 Size perforation N/A
 From _____ N/A feet to _____ N/A feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal N/A Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ N/A feet to _____ N/A feet

9. WATER LEVEL
 Static water level 125 feet below land surface
 Artesian flow _____ G.P.M. N/A P.S.I.
 Water temperature N/A °F Quality N/A

Date started 2/18, 20 02
 Date completed 2/18, 20 02

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 type="checkbox"/> Air Lift	<u>N/A</u>	<u>N/A</u>	<u>N/A</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 Fry
 By driller performing actual drilling on site or contractor
 Date 2/18/02