

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. 86345  
 Permit No. \_\_\_\_\_  
 Basin 105  
 NOTICE OF INTENT NO. **42029**

PRINT OR TYPE ONLY

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

1. OWNER **NICK KATSARIS CONSTRUCTION** ADDRESS AT WELL LOCATION **1569 GLORIA WY**  
 MAILING ADDRESS **2991T SPRINGS RD** **MINDEN, NV 89423**  
 2. LOCATION **NE 1/4 SE 1/4 Sec 27 T 14 N R 20 E** **DOUGLAS** County  
 PERMIT NO. WAIVER LETTER ON FILE **1420-27-701-043** 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
COURSE DG SANDS		3	45	42
SMALL DG SANDS AND GRAVELS		45	87	42
BROWN CLAY SANDY AND GUMMY		87	192	105
GUNNY WET BROWN CLAY		192	246	54
COURSE DG SANDS WITH CLAY SEAMS		246	286	40
FRACTURED DG SAND RUSTY COLOR AREAS	XXX	286	320	34

8. WELL CONSTRUCTION

Depth Drilled **320** Feet Depth Cased **320** Feet

HOLE DIAMETER (BIT SIZE)

From	To
<b>10 3/4</b> Inches	<b>0</b> Feet <b>320</b> Feet
Inches	Feet Feet
Inches	Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 5/8</b>	<b>13.03</b>	<b>.188</b>	<b>+2</b>	<b>320</b>

Perforations:

Type perforation **FACTORY MILL SLOT**

Size perforation **3 X 3/32**

From	To
<b>290</b> feet to	<b>320</b> feet
feet to	feet
feet to	feet
feet to	feet

Surface Seal:  Yes  No Seal Type: \_\_\_\_\_

Depth of Seal **130'**  Neat Cement

Placement Method:  Pumped  Cement Grout

Poured  Concrete Grout

Gravel Packed:  Yes  No

From **130** feet to **320** feet

9. WATER LEVEL

Static water level **160** feet below land surface

Artesian flow \_\_\_\_\_ G.P.M. **25+** P.S.I.

Water temperature **COLD** °F Quality **GOOD**

Date started **12/22**, 20 **01**

Date completed **12/28**, 20 **01**

7. WELL TEST DATE

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
	Draw Down (Feet Below Static)		Time (Hours)
G.P.M. <b>25+</b>	<b>40</b>		<b>3 HRS</b>

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 Hack  
 By driller performing actual drilling on site or contractor

Date **12/28/01**