

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. 8781  
 Permit No. \_\_\_\_\_  
 Basin 105  
 NOTICE OF INTENT NO. 46415

PRINT OR TYPE ONLY

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

1. OWNER **JEFF KIRBY CONSTRUCTION** ADDRESS AT WELL LOCATION **2639 GORDON AVE**  
 MAILING ADDRESS **2972 SAN MATEO DRIVE** **MINDEN, NV 89323**

2. LOCATION S E 1/4 SW 1/4 Sec 34 T 14 N R 20 E **DOUGLAS** County  
 PERMIT NO. 1420/34/410/023  
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
BLOW SANDS		0	3	3
HARDPAN CLAY		3	6	3
BLOW SANDS		6	37	31
BROWN CLAY		37	89	52
FINE SANDS		89	135	46
COURSE DG SANDS	XXX	135	190	55

8. WELL CONSTRUCTION

Depth Drilled 190 Feet Depth Cased 190 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 3/4</u> Inches	<u>0</u> Feet <u>190</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.03</u>	<u>.188</u>	<u>0</u>	<u>190</u>

Perforations:

Type perforation **FACTORY MILL SLOT**  
 Size perforation **3X 3/32**

From	To
<u>160</u> feet to	<u>180</u> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Surface Seal:  Yes  No Seal Type: \_\_\_\_\_  
 Depth of Seal 50  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 50 feet to 190 feet

9. WATER LEVEL  
 Static water level 65 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. 25 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.

Date started 6/6, 20 02  
 Date completed 6/7, 20 02

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.	<u>25</u>	<u>35</u>	<u>3 HRS</u>

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 D. Hook  
 By driller performing actual drilling on site or contractor  
 Date 6/7/02

RECEIVED  
 02 JUL 19 AM 9:17  
 WELL DRILLERS OFFICE