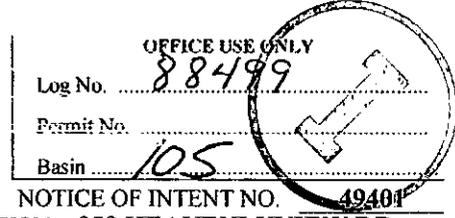


COPIES TO  
 - DIVISION OF WATER RESOURCES  
 - CLIENT'S COPY  
 - WELL DRILLER'S COPY

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
 WELL DRILLER'S REPORT



PRINT OR TYPE ONLY

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

1. OWNER **RICK DECARLO CUSTOM HOMES** ADDRESS AT WELL LOCATION **958 HEAVENLYVIEW DR**  
 MAILING ADDRESS **P.O. BOX 2844** **GARDNERVILLE, NV 89410**  
**MINDEN, NV 89423**

2. LOCATION **NE 1/4 NE 1/4 Sec 17 T 12 N R 20 E** **DOUGLAS** County  
 PERMIT NO. **1220-17-501-026**

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
OVERBURDEN		0	3	3
COBBLES AND GRAVELS		3	65	62
LARGE GRAVELS		65	93	28
BROWN CLAY		93	135	42
SMALL SANDS		135	167	32
VERY FRACTURED OBSIDIAN SANDS AND GRAVELS	XXX	167	200	33

8. WELL CONSTRUCTION  
 Depth Drilled **200'** Feet Depth Cased **200'** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **10 5/8** Inches To **0** Feet **200'** 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	200

Perforations:  
 Type perforation **FACTORY MILL SLOT**  
 Size perforation **3 X 3/32**  
 From **180** feet to **200** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **60'**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **60** feet to **200** feet

9. WATER LEVEL  
 Static water level **80'** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. **35** 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)

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 **2157**

Signed *Dick Crane*  
 By driller performing actual drilling on site or contractor  
 Date **9/25/02**

Date started **9/21, 20 02**  
 Date completed **9/23, 20 02**

7. WELL TEST DATE

TEST METHOD:	<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	Draw Down (Feet Below Static)	Time (Hours)
G.P.M.			
<b>35</b>	<b>30</b>	<b>3 HRS</b>	