

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. 58799  
 Permit No. \_\_\_\_\_  
 Basin 107

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. **49455**

1. OWNER **BRAD JOHNSON CONSTRUCTION** ADDRESS AT WELL LOCATION # **15 SANTA SOPHIA**  
 MAILING ADDRESS **P.O. BOX 1848** **WELLINGTON NV, 89443**  
**GARDNERVILLE, NV 89410**

2. LOCATION **NE 1/4 NE 1/4 Sec 22, 27 T 11 N R 23 E** **LYON** County

PERMIT NO. **10-291-25**

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	4	4
HARDPAN CLAY		4	8	4
COURSE SANDS		8	13	5
BROWN CLAY		13	68	55
SILTY SANDS		68	95	27
FRACTURED DG SANDS & GRAVELS	XXX	95	145	50

8. WELL CONSTRUCTION

Depth Drilled **145** Feet Depth Cased **145** Feet

HOLE DIAMETER (BIT SIZE)

From	To
<b>10 3/4</b> Inches	<b>0</b> Feet <b>145</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>0</b>	<b>145</b>

Perforations:

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

From	To
<b>120</b> feet to	<b>140</b> feet
feet to	feet
feet to	feet
feet to	feet
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 **145** feet

9. WATER LEVEL

Static water level **20** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. **30** 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)

Date started **3/9, 20 03**  
 Date completed **3/10, 20 03**

7. WELL TEST DATE

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<b>30</b>	<b>25</b>	<b>3 HRS</b>

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 *Rick Crane*  
 By driller performing actual drilling on site or contractor  
 Date **3/11/03**