

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. 89043  
 Permit No. \_\_\_\_\_  
 Basin 105  
 NOTICE OF INTENT NO. 49438

PRINT OR TYPE ONLY

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

1. OWNER **MIKE SWIFT CONSTRUCTION** ADDRESS AT WELL LOCATION **656 FRONTAGE RD**  
 MAILING ADDRESS **971 MARRIANNE GARDNERVILLE, NV 89410**  
**GARDNERVILLE, NV 89410**

2. LOCATION **SW 1/4 SW 1/4 Sec 24 T 12 N R 20 E DOUGLAS County**  
 PERMIT NO. **1220-24-410-003** SUBDIVISION NAME **RUHENSTROTH**

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
LARGE BOULDER		0	4	4
LARGE BOULDERS AND LARGE COBBLES		4	30	26
COBBLES AND OBSIDIAN BOULDERS		30	85	55
OBSIDIAN GRAVELS		85	130	45
CLAY SEAMS				
FRACTURED GRAVELS				
SMALL BOULDERS	X	130	140	10
CLAY SEAM		140	145	5
VERY FRACTURED OBSIDIAN GRAVELS	XXX	145	180	35

8. WELL CONSTRUCTION  
 Depth Drilled **180'** Feet Depth Cased **180'** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **10 3/4** Inches To **0** Feet **180** 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	180

Perforations:  
 Type perforation **FACTORY MILL SLOT**  
 Size perforation **3 X 3/32**  
 From **160** feet to **180** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ 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 **180** 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.  
 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 Rick Crane  
 By driller performing actual drilling on site or contractor  
 Date **12/11/02**

Date started **12/5, 20 02**  
 Date completed **12/7, 20 02**

7. WELL TEST DATE

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<b>25+</b>	<b>30</b>	<b>3 HRS</b>	

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