

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

OFFICE USE ONLY  
Log No. 105109  
Permit No. \_\_\_\_\_  
Basin 105

PRINT OR TYPE ONLY  
DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 61015

1. OWNER **HANS PRAKELT**  
MAILING ADDRESS **1299 KINGSBURY GRADE**  
**NE GARDNERVILLE, NV 89460**

ADDRESS AT WELL LOCATION **1299 KINGSBURY GRADE**  
**GARDNERVILLE, NV 89460**  
Subdivision Name: \_\_\_\_\_ County: **Douglas**

2. LOCATION **SW 1/4 NE 1/4 Sec 4 T 12N N/S R 10 E**  
PERMIT/WAIVER No. **SF** **-19-042-37**  
Issued by Water Resources Parcel No. **1219 -04-002-009**

Latitude **38.93214°N** UTM E  NAD 27  
Longitude **119.84528°W** N  NAD 83/WGS 84

3. WORKED PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Other **ABANDONMENT**

4. PROPOSED USE  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other **N/A**

Material	Water Strata	From	To	Thick-ness
OLD 8 5/8 WELL		+2	80	78
6 5/8 LINNER		80	163	83
6 5/8 LINER IS BENT ON TOP CAUSING A PROBLEM TO RUN PUMPS IN AND OUT ALSO NOT ABLE TO PERF				
TALKED TO TIM HUNT AND HE GAVE VERBLE TO CEMENT IT UP				
TRIMMED 2" PIPE TO BOTTOM AND PUMPED FULL WITH NEAT CEMENT TO SURFACE				
3.5 YDS OF NEAT CEMENT				
N 38.932240 W 119.844282 NAD27 Plugging of log 8649				

Depth Drilled	N/A	Feet	Depth Cased	N/A	Feet
HOLE DIAMETER (BIT SIZE)					
From		To			
N/A	inches	Feet		Feet	
	inches	Feet		Feet	
	inches	Feet		Feet	

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8		N/A	+2	163

Type of perforation	Size of perforation	From	feet to	feet
N/A	N/A			

Annular Seal:  Yes  No

Neat Cement N/A to \_\_\_\_\_  Pumped  Poured

Cement Grout \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured

Concrete Grout \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured

≥30% Bentonite Grout \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured

Gravel Pack:  Yes  No \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured

Type: \_\_\_\_\_ N/A

Bentonite Chips:  Yes  No \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured

Type: \_\_\_\_\_

Date started: **29-Nov** 20 **07**  
Date completed: **29-Nov** 20 **07**

7. Water Level  
Static water level: **152** feet below land surface  
Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: **N/A** °F  
Quality: **POOR**

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

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 AND PUMP SERVICE INC.**  
Address **# 20 KIT KAT DRIVE**  
**CARSON CITY, NV 89706**  
Nevada contractor's license number issued by the State Contractor's Board **0055548**  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1905**  
Signed *[Signature]*  
Date **12/01/2007**

(Rev. 05-08) USE ADDITIONAL SHEETS IF NECESSARY  
2007 DEC 13 AM 11:36  
STATE ENGINEER OF THE