

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



OFFICE USE ONLY
Log No. 105190
Permit No. _____
Basin JOS

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

NOTICE OF INTENT NO. 61006

1. OWNER JEFF KIRBY CONSTRUCTION ADDRESS AT WELL LOCATION 2572 NYE DR
MAILING ADDRESS 2972 SAN MATEO DR MINDEN, NV 89423
NF MINDEN, NV 89423 Subdivision Name: _____ County: DOUGLAS

2. LOCATION NE 1/4 NE 1/4 Sec 2 T 13N N/S R 20 E Latitude 39.02501°N UTM E NAD 27
PERMIT/WAIVER No. NW 1320-02-001-090 Longitude 119.70782°W N NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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
BROWN SANDS		4	89	85
BROWN CLAY		89	235	146
SMALL DG SANDS		235	268	33
BROWN CLAY		268	287	19
COURSE DG SANDS				
FRACTURED GRAVELS	XXX	287	340	53

39.025110
119.706824 NAD22

8. WELL CONSTRUCTION

Depth Drilled 340' Feet Depth Cased 340' Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>10 5/8</u>	0	340	

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>+2</u>	<u>20</u>
<u>5/8 sdr21</u>	<u>4.03</u>	<u>.216</u>	<u>20</u>	<u>340</u>

Perforations:

Type of perforation _____
Size of perforation 3 X 3/32

From	feet to	feet
<u>300</u>	<u>340</u>	

Annular Seal: Yes No

Material	to	Pumped	Poured
<input type="checkbox"/> Neat Cement		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	<u>0</u> to <u>55</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 55 to 340 Pumped Poured

Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

Date started: 25-Oct 2007
Date completed: 30-Oct 2007

7. Water Level

Static water level: 175 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: GOOD

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>25</u>	<u>45</u>	<u>3 HRS</u>

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 PIMP SERVICE INC.
Contractor

Address 20 KIT KAT DRIVE
Contractor

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 Michael West
by driller performing actual drilling on site or contractor

Date 11/08/2007

USE ADDITIONAL SHEETS IF NECESSARY

STATE ENGINEERS OFFICE
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