

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

OFFICE USE ONLY  
Log No. 106099  
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. 61842

1. OWNER KENT BYERS RECEIVING TRUST ADDRESS AT WELL LOCATION 1079 HELMAN  
MAILING ADDRESS P.O. BOX 567 GARDNERVILLE, NV 89410  
NE KIMBERLY, ID 83341 Subdivision Name: \_\_\_\_\_ County: Douglas

2. LOCATION NW 1/4 SE 1/4 Sec 12 T 12N N/S R 20 E Latitude 38.91680°N UTM E  NAD 27  
PERMIT/WAIVER No. SW 1220-12-310-018 Longitude 119.68713°W N  NAD 83/WGS 84  
issued by Water Resources Parcel No.

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 MUD

LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
JETTED WELL OUT TO 162'		0	162	162
WAS UNABLE TO OBTAIN WELL LOG FROM STATE				
OLD 8 5/8 WELL		0	162	162
PERFORATED WELL FROM 60' TO 140' 6 CUTS PER ROW EVERY TWO FEET				
PUMP THROUGH TREEMING FROM BOTTOM TO SURFACE				
USED 3 YRDS OF NEAT CEMENT				
<u>N 38.916898</u>				
<u>W 119.687136 NAD27</u>				

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

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.06	.188	0	162

Perforations:

Type of perforation N/A

Size of perforation N/A

From \_\_\_\_\_ feet to \_\_\_\_\_ feet

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

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

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

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

Date started: 31-Mar 20 08

Date completed: 02-Apr 20 08

7. Water Level

Static water level: 154 feet below land surface

Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.

Water Temperature: N/A °F

Quality: \_\_\_\_\_ N/A

WELL TEST DATA			
TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
	<u>DRY</u>	<u>N/A</u>	<u>N/A</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 PUMP 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 H. Hark  
By driller performing actual drilling or contractor

Date 04/15/2008