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

OFFICE USE ONLY
Log No: 106188
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. 60309

1. OWNER PHIL ~~SHMICK~~ Shemick
MAILING ADDRESS 2786 BAKER CT
MINDEN, NV 89423

ADDRESS AT WELL LOCATION 2786 BAKER CT
MINDEN, NV 89423
Subdivision Name: County: Douglas

2. LOCATION NW ¼ NW ¼ Sec 35 T 14N N/S R 20 E
PERMIT/WAIVER No. 1420-35-101-010
Issued by Water Resources Parcel No.

Latitude 39.04027°N
Longitude 119.71230°W
UTM E
N
☐ NAD 27
☒ NAD 83/WGS 84

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	Thickness
SET UP OVER WELL AND		0	320	320
WASHED OUT WITH FRESH				
WATER CAME UP TO 260'				
BLEW CLEAN				
N39.040371				
W 119.711204 NAD27				

Date started: 23-May, 20 08
Date completed: 23-May, 20 08

7. Water Level
Static water level: 165 feet below land surface
Artesian Flow: G.P.M. P.S.I.
Water Temperature: COLD °F
Quality: GOOD

8. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
15	45	2 HRS

9. WELL CONSTRUCTION
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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
N/A				

Perforations:
Type of perforation N/A
Size of perforation
From N/A feet to feet
From feet to feet
From feet to feet
From feet to feet
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 N/A to ☐ Pumped ☐ Poured
Type:

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 SEVICE 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 Hack
by driller performing actual drilling on site or contractor
Date 06/02/2008

(Rev. 06-06)

USE ADDITIONAL SHEETS IF NECESSARY