

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

OFFICE USE ONLY
Log No. 106722
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. 62863

1. OWNER ALAN JACKSON (Johnson on NOI)
MAILING ADDRESS 2420 SHENA TERRACE
SW GARDNERVILLE, NV 89410

ADDRESS AT WELL LOCATION 2420 SHENA TERRACE
GARDNERVILLE, NV 89410
Subdivision Name: _____ County: Douglas

2. LOCATION 1/4 NW 1/4 Sec 33 T 13N N/S R 21 E
PERMIT/WAIVER No. NW 1321-33-001-018
Issued by Water Resources Parcel No. _____

Latitude 38.94914°N UTM E NAD 27
Longitude 119.63878°W N 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	Thick-ness
OLD 6 5/8 WELL		0	240	240
COURSE GRAVELS		240	263	23
BROWN CLAY		263	273	10
COURSE DG SANDS	XXX	273	300	27
<i>Deepening of log # 86364</i>				
<i>N 38.949231</i>				
<i>W 119.637778 NAD27</i>				

9. WELL CONSTRUCTION			
Depth Drilled	Feet	Depth Cased	Feet
<u>300</u>		<u>300</u>	
HOLE DIAMETER (BIT SIZE)			
	From	To	
<u>6 1/8</u>	Inches	<u>240</u>	Feet <u>300</u>
	Inches		Feet
	Inches		Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5</u>	<u>11.63</u>	<u>.188</u>	<u>220</u>	<u>300</u>

Perforations:
Type of perforation FACTORY MILL SLOT
Size of perforation 3 X 3/32
From 280 feet to 300 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 _____ to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 14-Jul _____, 20 08
Date completed: 15-Jul _____, 20 08

7. Water Level
Static water level: 85 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: GOOD

8. WELL TEST DATA			
TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Baller <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<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 CAPTIAL CITY WELL DRILLING AND PUMP SERVICE INC.
Contractor
Address # 20 KIT KAT DRIVE
Contractor
CARON 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. Black
driller performing actual drilling on site or contractor
Date: 07/22/2008

(Rev. 03-02)

USE ADDITIONAL SHEETS IF NECESSARY

2008 AUG -1 AM 11:20

RECEIVED