

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

OFFICE USE ONLY
Log No. 107220
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. 61849

1. OWNER SCOTT RASMUSSEN ADDRESS AT WELL LOCATION 1010 NOBLES CT
MAILING ADDRESS 1010 NOBLES CT GARDNERVILLE, NV 89423
SE MINDEN, NV 89423
Subdivision Name: _____ County: Douglas

2. LOCATION S1/4 NW 1/4 Sec 32 T 14N N/S R 20 E Latitude 39.03504°N UTM E NAD 27
PERMIT/WAIVER No. 74232 1420-32-001-14 Longitude 119.76603°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
OVER BURDEN		0	3	3
BROWN CLAY		3	9	6
COURSE DG SANDS	X	9	36	27
SILTY BROWN CLAY		36	110	74
BROWN CLAY		110	163	53
GRAY CLAY		163	170	7
BLACK AND WHITE SANDS CLAY STRATAS	XX	170	240	70
BROWN CLAY		240	258	18
COURSE DS SANDS	XX	258	275	17

9. WELL CONSTRUCTION

Depth Drilled 275' Feet Depth Cased 275' Feet

HOLE DIAMETER (BIT SIZE)

From		To	
<u>13 1/4</u> Inches	<u>0</u> Feet	<u>275</u> Feet	<u>275</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>	<u>16.72</u>	<u>.188</u>	<u>+2</u>	<u>275</u>

Perforations:

Type of perforation FACTORY MILL SLOT

Size of perforation 3 X 3/32

From	feet to	feet
<u>175</u>	<u>235</u>	<u>feet</u>
<u>255</u>	<u>275</u>	<u>feet</u>

Annular Seal: Yes No

Neat Cement 0 to 100 Pumped Poured

Cement Grout _____ to _____ Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 100 to 275 Pumped Poured

Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

Date started: 16-May , 20 08
Date completed: 23-Jun , 20 08

7. Water Level

Static water level: 5' 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>200+</u>	<u>68</u>	<u>6 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 PUMP SERVICE
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 J. Back
By driller performing actual drilling on site or contractor

Date 06/11/2008

USE ADDITIONAL SHEETS IF NECESSARY

STATE ENGINEERS OFFICE
2008 JUL -9 AM 10:29
RECEIVED