

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

OFFICE USE ONLY **107684**
Log No. _____
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. **62908**

1. OWNER **DOUG COLLINS** ADDRESS AT WELL LOCATION **1974 SHEEP CAMP RD**
MAILING ADDRESS **1974 SHEEP CAMP RD** **GARDNERVILLE, NV 89410**
Subdivision Name: _____ County: **Douglas**

2. LOCATION **SE 1/4 SE 1/4 Sec 1 T 12N N/S/R 20 E** Latitude **38.92651°n** UTM E NAD 27
PERMIT/WAIVER No. **1220-01-002-014** Longitude **119.67809°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
BROWN CLAY		240	283	43
SILTY BROWN CLAY		283	341	58
COURSE SILTY DG SANDS	X	341	362	21
COURSE DG SANDS	XXX	362	420	58

NOTE: WELL WAS VERY CROOKED UNABLE TO CASE WITH STEEL
CASED WITH PVC

N38.926602
W119.677093 NAD27

9. WELL CONSTRUCTION

Depth Drilled **420** Feet ~~486~~ Depth Cased **420** Feet

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
6 1/8	240	420	Feet
			Feet
			Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5 SDR	3.97	.216	220	420
21				

Perforations:

Type of perforation **FACTORY MILL SLOT**

Size of perforation **.032 SCREEN SLOT**

From	feet to	feet
380	420	feet
		feet
		feet
		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: _____

Date started: **12-Sep** 20 08
Date completed: **16-Sep** 20 08

7. Water Level
Static water level: **200** 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)
20	60	3 HRS

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.**
Address **# 20 KIT KAT DRIVE**
CARSON CITY, NV 89706

Nevada contractor's license number **0055548**
issued by the State Contractor's Board

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1905**

Signed *Michael H. Clark*
By driller performing actual drilling on site as contractor

Date **09/18/2008**

Rev. 05-06

USE ADDITIONAL SHEETS IF NECESSARY

STATE ENGINEERS OFFICE

2008 OCT 21 AM 11:18

RECEIVED