

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

OFFICE USE ONLY

108393

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. 63545

1. OWNER JACK INGRAM
MAILING ADDRESS 1221 FOOTHILL RD
GARDNERVILLE NV 89410

ADDRESS AT WELL LOCATION 1221 FOOTHILL RD
GARDNERVILLE NV 89410
Subdivision Name: _____ County: Douglas

2. LOCATION SE 1/4 SW 1/4 Sec 3 T 12N N/S/R 19 E
PERMIT/WAIVER No. 1219-03-002-056
Issued by Water Resources Parcel No. _____

Latitude 38.92635°N UTM E NAD 27
Longitude 119.83759°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

LITHOLOGIC LOG				
Material	Water Strata	From	To	Thickness
COURSE DG SANDS		120	163	43
BROWN CLAY		163	184	21
COURSE DG SANDS	XXX	184	200	16
38.926443°N 119.836578°W NAD 27 STATE ENGINEERS OFFICE 2009 MAY - 7 PH 2:11				

WELL CONSTRUCTION			
Depth Drilled	Feet	Depth Cased	Feet
100		100	

HOLE DIAMETER (BIT SIZE)			
Inches	From	To	Feet
7 7/8	100	200	

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8sdr	4.06	.216	60	200
21				

Perforations:			
Type of perforation	Size of perforation	From	feet to
SAW CUT	3 X 3/32	160	200

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: Apr 15 2009
Date completed: Apr 15 2009

7. Water Level
Static water level: 50 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: GOOD

WELL TEST DATA		
TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	25+	35
		Time (Hours)
		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.
Contractor
Address # 20 KIT LAT DRIVE
Contractor
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 1905
Division of Water Resources, the on-site driller
Signed Michael D. Hest
By driller performing actual drilling on-site or contractor
Date 04/19/2009

USE ADDITIONAL SHEETS IF NECESSARY

(Rev. 05-98)