

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

OFFICE USE ONLY

108396

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. 64591

1. OWNER JOHN BROCKETT ADDRESS AT WELL LOCATION 641 ROCKING HORSE CT
MAILING ADDRESS 641 ROCKING HORSE CT GARDNERVILLE, NV 89410
SE GARDNERVILLE, NV 89410 Subdivision Name: _____ County: DOUGLAS

2. LOCATION S W 1/4 SE 1/4 Sec 19 T 12N N/S R 21 E Latitude 38.88483°N UTM E NAD 27
PERMIT/WAIVER No. 1221-19-002-012 Longitude 119.66873°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

LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
OLD 6 5/8 WELL		0	340	340
BROWN CLAY		340	358	18
COURSE OBSIDIAN SANDS		358	387	29
OBSIDIAN GRAVELS		387	405	18
FRACTURED GRAVELS	XX	405	440	35
<p>38.884922°N</p> <p>119.668723°W</p> <p>NAD 27</p> <p>Deepening existing well log #0668</p>				

WELL CONSTRUCTION				
Depth Drilled	Feet	Depth Cased	Feet	
440	100	440	100	
HOLE DIAMETER (BIT SIZE)				
From		To		
6 1/8	Inches	340	Feet	440
	Inches		Feet	
	Inches		Feet	

CASING SCHEDULE				
Size O.D. (Inches)	Weight/ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	11.96	.188	320	440

Perforations:				
Type of perforation	FACTORY MILL SLOT			
Size of perforation	3 X 3/32			
From 380	feet to	400	feet	
From 420	feet to	440	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: _____

Date started: 13-Jul 20 09
Date completed: 16-Jul 20 09

7. Water Level
Static water level: 220 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)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	30	65	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 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 Stack
By driller performing actual drilling on site or contractor
Date 07/26/2009

(Rev. 05-05)

USE ADDITIONAL SHEETS IF NECESSARY

2009 AUG -5 AM 11:12