

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

OFFICE USE ONLY
Log No. 108427
Permit No. _____
Basin 1905
NOTICE OF INTENT NO. 64954 / 64594

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

1. OWNER ED & GILLIAN FERRANTO ADDRESS AT WELL LOCATION 1263 MARJ LANE
MAILING ADDRESS 1263 MARJ LN GARDNERVILLE, NV89410 Subdivision Name: _____ County: Douglas

2. LOCATION SW 1/4 NW 1/4 Sec 5 T 12N N/S R 21 E Latitude 38.93209°N UTM E NAD 27
PERMIT/WAIVER No. SE Parcel No. 1221-05-002-011 Longitude 119.64636°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 8 5/8 WELL		0	100	100
COURSE DG SANDS		100	142	42
BROWN CLAY		142	150	8
COURSE DG SANDS	XXX	150	220	70
<u>38.932181°N</u>				
<u>119.645354°W</u>				
<u>NAD 27 (TA)</u>				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>220</u>	<u>120</u>	<u>220</u>	<u>120</u>

HOLE DIAMETER (BIT SIZE)

	From	To		
<u>7 7/8</u>	Inches <u>100</u>	Feet <u>220</u>	Feet	
	Inches	Feet	Feet	
	Inches	Feet	Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Flt (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>4.06</u>	<u>.216</u>	<u>80</u>	<u>220</u>
<u>SDR 21</u>				

Perforations:

Type of perforation FACTORY SAW CUT

Size of perforation 0.032

From	feet to	feet
<u>180</u>	<u>220</u>	

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	<u>N/A</u> to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No N/A to _____ Pumped Poured

Type: _____

Bentonite Chips: Yes No N/A to _____ Pumped Poured

Type: _____

Date started: 02-Aug, 20 09
Date completed: 03-Aug, 20 09

7. Water Level
Static water level: 55 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>30</u>	<u>25</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 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 H. Hark
By driller performing actual drilling on site of contractor

Date 08/15/2009