

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

OFFICE USE ONLY **108430**
Log No. _____
Permit No. _____
Basin **7/5**

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. **64705**

1. OWNER **SHANE & REBECCA TALBOT**
MAILING ADDRESS
GARDNERVILLE, NV 89410

ADDRESS AT WELL LOCATION **1399 HAWKINS PEAK**
GARDNERVILLE, NV 89410
Subdivision Name: _____ County: **Douglas**

2. LOCATION **NE 1/4 NE 1/4 Sec 1 T 12N N/S R 20 E**
PERMIT/WAIVER No. **1220-01-001-030**

Latitude **38.93949°N** UTM E NAD 27
Longitude **119.67910°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	Thick-ness
COBBLES		0	8	8
COURSE DG SANDS AND GRAVELS		8	63	55
BROWN CLAY		63	198	135
BROWN GUMMY CLAY		198	263	65
GRAY CLAY		263	365	102
GRAY SILTY SANDS	X	365	482	117
LIGHT BROWN CLAY DG SANDS	X	482	520	38
BROWN CLAY				
SILTY FRACTURED SANDS	XX	520	580	60

WELL CONSTRUCTION			
Depth Drilled	Feet	Depth Cased	Feet
580		580	

HOLE DIAMETER (BIT SIZE)			
	From	To	
11	0	300	Feet
9 7/8	300	580	Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	+2	500
5	11.62	.188	480	580

Perforations:			
Type of perforation	Size of perforation	From	To
FACTORY MILL SLOT	3 X 3/32	440	460
		480	500
		560	580

Annular Seal: Yes No

Neat Cement 0 to 50 Pumped Poured
 Cement Grout to to Pumped Poured
 Concrete Grout to to Pumped Poured
 ≥30% Bentonite Grout to to Pumped Poured

Gravel Pack: Yes No 50 to 580 Pumped Poured
 Type: **PEAK GRAVEL**

Bentonite Chips: Yes No X to Pumped Poured
 Type: _____

Date started: **01-Aug**, 20 **09**
Date completed: **07-Aug**, 20 **09**

7. Water Level
Static water level: **240** feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **COLD** °F
Quality: **GOOD**

8. WELL TEST DATA			
TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	30	125	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 **0055348**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1905**
Signed *Michael B. Shelton*
By driller performing actual drilling on site or contractor.
Date **08/16/2009**

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY

11:13