

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

OFFICE USE ONLY **108915**

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. **64169**

1. OWNER **MONTY BLISS** ADDRESS AT WELL LOCATION **1051 EAST VALLEY RD**
MAILING ADDRESS **1051 EAST VALLEY RD** **GARDNERVILLE, NV 89410**
Subdivision Name: _____ County: **Douglas**

2. LOCATION **SW 1/4 SW 1/4 Sec 12 T 12N N/S R 20 E** Latitude **38.91455°N** UTM E NAD 27
PERMIT/WAIVER No. **1220-12-310-064** Longitude **119.69502°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 Air

5. WELL TYPE
 Cable Rotary RVC
 MUD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
COURSE GRAVELS		0	24	24
COURSE GRAVELS		24	93	69
SILTY SANDS		93	114	21
1/4 GRAVELS		114	152	38
BROWN CLAY		152	163	11
FRACTURED GRAVELS	XXX	163	240	77

38.914642°N
119.694012°W NAD 27 (10)
Replaces well log # 7267

9. WELL CONSTRUCTION

Depth Drilled	240	Feet	Depth Cased	240	Feet
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HOLE DIAMETER (BIT SIZE)

From	0	Feet	To	240	Feet
10 5/8	Inches				

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	+2	20
6 5/8sdr	4.06	.216	20	240
21				

Perforations: **SAW CUT**
Size of perforation **3 X 3/32**
From **200** feet to **240** feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout 0 to 100 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 100 to 240 Pumped Poured

Bentonite Chips: Yes No to _____ Pumped Poured

Date started: **20-Apr**, 20 **09**
Date completed: **24-Apr**, 20 **09**

7. Water Level
Static water level: _____ 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"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	25	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, N V 89708
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 J. Black*
Date **05/15/2009**

(Rev. 05-00)

USE ADDITIONAL SHEETS IF NECESSARY

29 JUN 11 AM 11:29