

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

OFFICE USE ONLY 109036

Log No. _____
Permit No. _____
Basin 106

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

1350 NOTICE OF INTENT NO. 64707

1. OWNER HAROLD RUSSO Trustee ADDRESS AT WELL LOCATION 1985 RIVER RD
MAILING ADDRESS 830 CAVELTI RD TOPAZ RANCH ESTATES
SE7 RARDNERVILLE, NV 89410 Subdivision Name: _____ County: Douglas

2. LOCATION SW 1/4 NE 1/4 Sec 8 T 10N N/S R 23 E Latitude 38.740018°N UTM E NAD 27
PERMIT/WAIVER No. SW 1023-08-002-010 Longitude 119.43640°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

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
OVER BURDEN		0	5	5
COURSE DG SANDS		5	68	63
SANDY DG CLAY		68	130	62
DG GRAVELS		130	289	159
BROWN CLAY		289	327	38
FRACTURED DG SAND	XXX	327	440	113

9. WELL CONSTRUCTION				
Depth Drilled	Feet	Depth Cased	Feet	Feet
440'			440'	

HOLE DIAMETER (BIT SIZE)				
	From	To		
10 5/8	Inches	0	Feet	220
9 7/8	Inches	220	Feet	440
	Inches		Feet	

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	+2	440

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

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout 0 to 65 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 65 to 440 Pumped Poured
Type: _____
Bentonite Chips: Yes No to _____ Pumped Poured
Type: _____

Date started: 2002-Oct _____, 20 _____ 09
Date completed: 2009-Oct _____, 20 _____ 09

7. Water Level
Static water level: 150 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	<u>12</u>	<u>175</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.
Address # 20 KIT KAT DRIVE
CARSON CITY, NV 89701
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 Hack
By driller performing actual drilling on site or contractor
Date 10/15/2009