

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

OFFICE USE ONLY **110046**
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. **64179**

1. OWNER **MARILYN THOMPSON** ADDRESS AT WELL LOCATION **1659 LOMBARDY RD**
MAILING ADDRESS **P.O. BOX 1340/ 471 ELKS AVE, ELK POINT** **GARDNERVILLE, NV 89410**
ZEPHER COVE, NV 89448 Subdivision Name: _____ County: **Douglas**

2. LOCATION **S 1/4 Sec 26 T 13N N/S R 20 E** Latitude **38.96048°N** UTM E NAD 27
PERMIT/WAIVER NO. **SW NE SW** **1320-26-002-059** Longitude **119.71277°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	3	3
BROWN SILTY SANDS		3	68	65
BROWN CLAY		68	114	46
COURSE DG SANDS		114	173	59
BROWN CLAY		173	189	16
COURSE FRACTURED GRAVELS	XXX	189	260	71

38.961°N NAD27 D.P.
119.712°W

8. WELL CONSTRUCTION

Depth Drilled	260	Feet	Depth Cased	260	Feet
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HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
10 3/4	0	260	

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 5/8	4.06	.216	20	260

SDR 21

Perforations:

Type of perforation **SAW CUT**
Size of perforation **3 X 3/32**

From **220** feet to **260** feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	0 to 100	<input checked="" 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 _____ to _____
Type: _____
Bentonite Chips: Yes No _____ to _____
Type: _____

Date started: **02-Jun** 20 **09**
Date completed: **05-Jun** 20 **09**

7. Water Level
Static water level: **80** 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"/> Baller <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	30+	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.** 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 **1988**

Signed *Michael H. Hark*
By driller performing actual drilling on site or contractor
Date **06/09/2009**

USE ADDITIONAL SHEETS IF NECESSARY

RECEIVED
 JUN 12 AM 9:04
 STATE ENGINEER
 DIVISION OF WATER RESOURCES