

FINALIZED WAL

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

OFFICE USE ONLY
Log No. 110618
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. 63534

1. OWNER NANCY YILMAZ
MAILING ADDRESS 229 SIERRA SHADOWS LN
GARDNERVILLE NV 89410

ADDRESS AT WELL LOCATION 229 SIERRA SHADOWS LN
GARDNERVILLE NV 89410
Subdivision Name: _____ County: Douglas

2. LOCATION SW 1/4 SW 1/4 Sec 3 T 12N N/S R 19 E
PERMIT/WAIVER No. 1219-03-002-030
Issued by Water Resources Parcel No. _____

Latitude 38.92644°N UTM E NAD 27
Longitude 119.839779°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	Thickness
OLD 6 5/8 WELL		0	90	90
LIGHT BROWN CLAY		90	136	46
DG SANDS		136	168	32
FRACTURED DG SANDS	XXX	168	240	72
<u>GPS NAD-27</u>				
<u>38.926271°N</u>				
<u>119.839779°W</u>				

WELL CONSTRUCTION			
Depth Drilled	Feet	Depth Cased	Feet
<u>240</u>	440	<u>240</u>	440

HOLE DIAMETER (BIT SIZE)			
From	To	From	To
<u>6 1/8</u> Inches	<u>90</u> Feet	<u>140</u> Feet	

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5 SDR 21</u>	<u>3.64</u>	<u>0.316</u>	<u>80</u>	<u>240</u>

Perforations:
Type of perforation FACTORY MILL SLOT
Size of perforation 0.032
From 200 feet to 240 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement N/A to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No N/A to _____ Pumped Poured
 Type: _____
 Bentonite Chips: Yes No N/A to _____ Pumped Poured
 Type: _____

Date started: 11/13/2008, 20
Date completed: 11-14-2008, 20

7. Water Level
Static water level: 75 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: GOOD

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>18</u>	<u>60</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 Hest
By driller performing actual drilling or as a contractor
Date 11/28/2008

Rev. 05-07

USE ADDITIONAL SHEETS IF NECESSARY

STATE ENGINEERS OFFICE

2008 DEC -3 AM 11:20

RECEIVED

20-I