

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

OFFICE USE ONLY
Log No. 111411
Permit No. 087
Basin 087

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. 64715

1. OWNER GAIL NELSON & CHAUN LIU ADDRESS AT WELL LOCATION # 20 RILLOUGH RD
MAILING ADDRESS 2660 HOLCOMB LANE RENO, NV 89511
RENO, NV 89511 Subdivision Name: _____ County: Washoe

2. LOCATION SW 1/4 NE 1/4 Sec 12 T 19N N/S R 19 E Latitude 39.44115°N UTM E NAD 27
PERMIT/WAIVER No. 230-060-03 Longitude 119.79841°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 Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other MUD

5. WELL TYPE

LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
OVER BURDEN		0	3	3
COBBLES AND BOULDERS		3	31	28
COURSE DG SANDS		31	141	110
GRAVELS				
BROWN GUMMY CLAY		141	183	42
VERY FRACTURED				
GRAVELS AND DG SANDS	XXX	183	220	37

WELL CONSTRUCTION				
Depth Drilled	220	Feet	Depth Cased	220
HOLE DIAMETER (BIT SIZE)				
	From	To		
10 5/8	Inches	0	Feet	220
	Inches		Feet	
	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	220

Perforations:
Type of perforation FACTORY MILL SLOT
Size of perforation 3 X 3/32
From 180 feet to 220 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 100 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No 100 to 220 Pumped Poured
Type: PEA GRAVEL
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 02-Dec, 2009
Date completed: 12/12/2009, 2009

7. Water Level
Static water level: 30 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>50+</u>	<u>45</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 [Signature]
by driller performing actual drilling on site or Contractor
Date 12/17/2009

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(Rev. 02-05)

USE ADDITIONAL SHEETS IF NECESSARY

MMH-Ⓣ