

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

OFFICE USE ONLY
Log No. 112002
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. 65589

1. OWNER TRAVIS AND DEBBIE SMITH
MAILING ADDRESS 632 THOROBRED
GARDNERVILLE, NV 89410

ADDRESS AT WELL LOCATION 632 THOROBRED Ave.
GARDNERVILLE, NV 89410
Subdivision Name: _____ County: Douglas

2. LOCATION SE 1/4 SE 1/4 Sec 24 T 12N N/S R 20 E
PERMIT/WAIVER No. 1220-24-810-020
Issued by Water Resources Parcel No.

Latitude 38.88360°N UTM E NAD 27
Longitude 119.67855°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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
OLD 6 5/8 WELL		0	260	260
BROWN SILTY CLAY		260	273	13
COURSE OBSIDIAN SANDS		273	305	32
FRACTURED GRAVELS	XXX	305	360	55
* original log unknown				
38.883693°N NAD27 D.D.				
119.677543°W - GPS -				

9. WELL CONSTRUCTION

Depth Drilled	100	Feet	Depth Cased	100	Feet
HOLE DIAMETER (BIT SIZE)					
	From	To			
6 1/8	Inches	260	Feet	260	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet
CASING SCHEDULE					
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)	
5"	3.84	.214	240	360	
SDR 21					

Perforations:
Type of perforation FACTORY MILL SLOT
Size of perforation .032
From 320 feet to 360 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 _____ to _____ Pumped Poured
Type: _____

7. Water Level
Static water level: 165 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	20	85	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 1905
Signed Michael G. Slack
By driller performing actual drilling on site or contractor
Date 08/28/2010