

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

OFFICE USE ONLY
Log No. 110923
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. 69853

1. OWNER JESSE MERRITHEW ADDRESS AT WELL LOCATION 2572 MT. SIEGEL
MAILING ADDRESS BOSLER WAY GARDNERVILLE, NV 89410
Subdivision Name: 38,930053 County: Douglas

2. LOCATION NW 1/4 SE 1/4 Sec 4 T 12N N/S R 21 E Latitude 38.30053°N UTM E NAD 27
PERMIT/WAIVER No. 1221-04-002-008 Longitude 119.62744°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	6	6
BROWN CLAY AND SANDS		6	53	47
COURSE OBSIDIAN SANDS		53	139	86
BROWN CLAY ZONE		139	215	76
BROWN SILTY SANDS		215	238	23
GRAY CLAY ZONE		238	278	40
COURSE SANDS AND SMALL GRAVEL ZONES	XXX	278	320	42

74023
38.930149 N
119.6264350 W

9. WELL CONSTRUCTION				
Depth Drilled	320	Feet	Depth Cased	320
HOLE DIAMETER (BIT SIZE)				
	From	To		
	11 1/4	0	320	Feet
				Feet
				Feet

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	4.26	.216	20	320
SDR 21				

Perforations:
Type of perforation FACTORY MILL SLOT
Size of perforation .032
From 280 feet to 320 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout 0 to 100 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 100 to 320 Pumped Poured
Type: PEAT GRAVEL
Bentonite Chips: Yes No to _____ Pumped Poured
Type: _____

Date started 10-Jun , 20 13
Date completed 14-Jun , 20 13

7. Water Level 83 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"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>25+</u>	<u>62</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 005548-0055548
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
Signed Michael Z. Hack
By driller performing actual drilling on site or contractor
Date 06/20/2013