

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

OFFICE USE ONLY
Log No. 116910
Permit No. _____
Basin 102

**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. 67530

1. OWNER JEROLD JOHNSON ADDRESS AT WELL LOCATION 5030 ANITA LANE Ave.
MAILING ADDRESS 5030 ANITA LANE Ave. SILVER SPRINGS, NV 89429
SILVER SPRINGS, NV 89429 Subdivision Name: Hollywood Hills County: _____

2. LOCATION NE 1/4 NE 1/4 Sec 32 T 18N N/S R 24 E Latitude 39.38989°N UTM E NAD 27
PERMIT/WAIVER No. 018-452-08 Longitude 119.30578°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
OLD 6 5/8 WELL		0	240	240
VOLCANIC SANDS		240	286	46
BROWN CLAY		286	305	19
FRACTURED VOLCANICS		305	322	17
BROWN SANDY CLAY		322	335	13
FRACTURED VOLCANIC GRAVELS	XXX	335	360	25
* original well log unknown				

9. WELL CONSTRUCTION

Depth Drilled 120 Feet Depth Cased 120 Feet

HOLE DIAMETER (BIT SIZE)

From	To	From	To
<u>6 1/8</u> Inches	<u>240</u> Feet	<u>360</u> Feet	
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5</u>	<u>3.14</u>	<u>.216</u>	<u>220</u>	<u>360</u>
<u>SDR 21</u>				

Perforations:

Type of perforation FACTORY SLOT
Size of perforation 032 SLOT

From	feet to	feet to	feet
<u>320</u>	<u>360</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	<u>N/A</u> to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>N/A</u> to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: _____			
Bentonite Chips: <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>N/A</u> to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: _____			

7. Water Level

Static water level: 180 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: GOOD

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<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
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 Hack
By driller performing actual drilling on site or contractor

Date 10/03/2011