

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

OFFICE USE ONLY
Log No. 117609
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. 69616

1. OWNER HAL IRVINE + Karen
MAILING ADDRESS 651 ROCKINGHORSE RD
NE GARDNERVILLE, NV 89410

ADDRESS AT WELL LOCATION 651 ROCKINGHORSE RD
GARDNERVILLE, NV 89410
Subdivision Name: _____ County: Douglas

2. LOCATION SW 1/4 NE 1/4 Sec 19 T 12N N/S R 21 E
PERMIT/WAIVER No. 1221-19-002-011
Issued by Water Resources Parcel No.

Latitude 38.88540°N UTM E NAD 27
Longitude 119.66970°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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
OLD 6 5/8 WELL		0	300	300
BROWN SILTY SANDS		300	315	15
OBSIDIAN SANDS		315	345	30
COURSE SANDS AND GRAVELS	XXX	345	400	55
*deepens original log # 7634				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>400</u>		<u>400</u>	

HOLE DIAMETER (BIT SIZE)

From	To
<u>6 1/8</u> Inches	<u>300</u> Feet to <u>400</u> Feet
_____ Inches	_____ Feet to _____ Feet
_____ Inches	_____ Feet to _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5"</u>	<u>3.18</u>	<u>.216</u>	<u>280</u>	<u>400</u>
<u>sdr 21</u>				

Perforations:

Type of perforation FACTORY SLOT
Size of perforation .032

From	feet to	feet to	feet to	feet to
<u>360</u>	<u>400</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: Yes No N/A to _____ Pumped Poured
Type: _____

Bentonite Chips: Yes No N/A to _____ Pumped Poured
Type: _____

7. Water Level
Static water level: 220 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	<u>22</u>	<u>68</u>	<u>3 HRS</u>
	<u>38.885492°N</u>		<u>NAD 83</u>
	<u>119.669703°W</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 10/18/2012