

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

OFFICE USE ONLY
Log No. 1194210
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

1. OWNER CHIP HANLY ADDRESS AT WELL LOCATION 1565 SORBET WAY NOTICE OF INTENT NO. 69888
MAILING ADDRESS P.O. BOX 489 MINDEN, NV 89423 NE Subdivision Name: _____ County: Douglas
NE MINDEN, NV 89423 Parcel No. _____

2. LOCATION S41 1/4 NE 1/4 Sec 34 T 13N N/S R 20 E Latitude 38.95053°N UTM E NAD 27
PERMIT/WAIVER No. DOM 13-23 | 1320-34-001-033 Longitude 119.716679°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	3	3
BROWN CLAY AND SANDS		3	45	42
SMALL GRAVELS AND SILTY DG SANDS		45	134	89
BROWN SANDY CLAY		134	145	11
BROWN GUMMY CLAY		145	191	46
FRACTURED GRAVELS CLAY SEAMS	XXX	191	240	49

STATE ENGINEERS OFFICE
2013 NOV - 1 10 00 AM

NAD 83
38.950422°N
119.715670°W

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
240		240	

HOLE DIAMETER (BIT SIZE)

From	To
11 Inches	0 Feet 240 Feet
Inches	Feet Feet
Inches	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	240
SDR 17				

Perforations:

Type of perforation SAW CUT
Size of perforation 3 X 3/32

From 200 feet to 240 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout 0 to 105 Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 105 to 240 Pumped Poured
Type: PEAY GRAVEL

Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 29-Oct, 20 13
Date completed: 31-Oct, 20 13

7. Water Level
Static water level: 58' 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>90'</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 553418
issued by the State Contractor's Board 905548

Nevada driller's license number issued by the 1905
Division of Water Resources, the on-site driller

Signed Michael A. Beck
By driller performing actual drilling on site or contractor

Date 11/01/2013



DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF WATER RESOURCES

901 South Stewart Street, Suite 2002
Carson City, Nevada 89701-5250
(775) 684-2800 · Fax (775) 684-2811
<http://water.nv.gov>

NOTICE OF INTENT CARD
APPROVAL FORM

To: Capital City Well Drilling

Date: 10/29/2013

Facsimile No.: 885-2848

or E-mail Address: _____

This document was:

E-mailed

Faxed

NOI Card Number: 69888

Approved

Rejected (See reasons below)

Work performed	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Proposed use of well	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Intended start date	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Waiver/Permit number if applicable	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Well location (legal description, GPS coordinates)	missing	<input type="checkbox"/>	invalid	<input type="checkbox"/>
Parcel number	missing	<input type="checkbox"/>		<input type="checkbox"/>

Address at well location

Permit _____

Waiver _____

Address _____

Name of _____

Contract _____

Onsite w _____

Drilling c _____

Driller's s _____

Replacem _____

If y
pu

Instructions: R

Person reviewing _____

Date reviewed: 11

NOTICE OF INTENT 105 No. 69888

Intended Start Date: 10/22/13

Today's Date: 10/18/13

Type of Work to be Done: Drilling: Deepening: Reconditioning: Plugging:

Is this a replacement well? Yes No

Proposed use of well: Domestic

Diameter of well: 6.578 inches Number of wells: 1

If this well is a domestic well, is it located within a water purveyors service area? Yes No

If this is a monitor well required by another government agency, what is the facility ID number? _____

If this well is being completed under a waiver please provide the corresponding waiver number: 13-773

If a water right is associated with this well, what is the permit number? _____

Location of the well by Public Land Survey: Sec 34 NE 1/4 T 13 R 20 E

UTM E 2641657 NAD27 NAD 27
UTM N 4314597 NAD 83/WGS 84

Latitude: 38.950539N
Longitude: 119.716679W

Address at well location: 1565 Sorbet Wy Gardnerville NV 89423

Assessor Parcel Number: 1320-34-001-033 Subdivision Name: 119.715670W NAD27

County: Douglas

Name of Client: Chip Hanley

Address of Client: P.O. Box 489, Minden NV 89423

On-Site Drillers License Number: 1905

Contractor's License Number: 0055540

Company Name and Address: CAPITAL CITY WELL DRILLING INC.
#20 KILKAT DRIVE
CARSON CITY, NV 89706

Driller's Signature: [Signature]



PUBLIC WORKS

1120 Airport Rd., Bldg. F-2, Minden, Nevada 89423

Carl Ruschmeyer, P.E.
DIRECTOR

775-783-6480

FAX: 775-782-6266

website: www.douglascountynv.gov

Water/Sewer Utility
Road Maintenance
Bldg. & Fleet Services

October 22, 2013

Jason King, P.E., State Engineer
Division of Water Resources
901 S Stewart Street, Suite 2002
Carson City, NV 89701-5200

RE: **Water Service at 1565 Sorbet Way.**
APN 1320-34-001-033

Dear Mr. King:

The referenced property is not located within a Douglas County Utility water service area. Please contact the Town of Minden for the location of the nearest water main.

Please contact me at 782-6227 if you have any questions.

Sincerely,

Carl Ruschmeyer, P.E.
Public Works Director

C: EOD - Utility District File

RECEIVED
2013 OCT 24 AM 11:41
STATE ENGINEERS OFFICE

State of Nevada - Division of Water Resources

901 S. Stewart Street
2nd Floor
Carson City, NV 89701

CAPITAL CITY WELL DRILLING & PUMP
SERVICE
20 KIT KAT DR
CARSON CITY NV 89706

Receipt

		Payment Method	Check No.	Receipt #
		Check	14325	282686
Date	Item	Description		Amount
10/18/2013	NOI CARD	EXAMINING AND FILING A NOTICE OF INTENT TO DRILL A WELL 69888		25.00
		3410 WAVE 61574 69593 15602 61926 72106 25370 60567 72264 19340 60607715 7726167 316877706 60635741 77226 3540274 64507 77250 3610173 72372 72647 510213 76953760 77700 5782617 72954 76944 71930 77076 81115719 72264 73410 82254 72106 74300 823034 72103-5 746819 82307720 75882		
Received By: Catherine Orpilla			Total	\$25.00