

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

OFFICE USE ONLY
Log No. 119067
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. 71410

1. OWNER BRADLEY AND ELSA ENMEN ADDRESS AT WELL LOCATION 2601 BOWERS RD
MAILING ADDRESS 8405 DRIPPING ROCK CT GARDNERVILLE, NV 89410
LAS VEGAS, NV 89431 Subdivision Name: _____ County: Douglas

2. LOCATION NE ¼ SE ¼ Sec 9 T 12N N/S R 21 E Latitude 38.917738°N UTM E NAD 27
PERMIT/WAIVER No. 1221-10-000-007 Longitude 119.624158°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
OVER BURDEN		0	3	3
BROWN CLAY AND ROCK		3	16	13
BOBSIDIAN GRAVELS		16	60	44
LOST CIRCULATION		60	320	260
BLACK VERY HARD SHALE SWITCHED TO AIR DRILLING DRILLED BLIND WITH NO RETURN OF FOAM OR WATER HIT FRACTURED ZONES	XXX	260	320	

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2014 JAN 23 AM 11:22
STATE ENGINEERS OFFICE

NAD 83
38.917738°N
119.624158°W

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
320		320	

HOLE DIAMETER (BIT SIZE)

	From	To		
12 1/4	0	100	Inches	Feet
9 7/8	100	160	Inches	Feet
8 3/4	160	320	Inches	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 SAW CUT
Size of perforation 3 X 3/32

From	feet to	feet
280	320	

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	0 to 100	<input type="checkbox"/> Pumped	<input checked="" 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 100 to 320 Pumped Poured

Type: PEAT GRAVEL

Bentonite Chips: Yes No to Pumped Poured

Type: _____

Date started: 9-Jan 20 14
Date completed: 16-Jan 20 14

7. Water Level
Static water level: 158 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	20	75	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 Slack
By driller performing actual drilling on site or contractor

Date 1/17/2014