

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

OFFICE USE ONLY
Log No. 119829
Permit No. _____
Basin No. 105

**PRINT OR TYPE IN BLACK INK 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. 71414
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME GAVIN WARD
MAILING ADDRESS P.O. BOX 705
CARSON CITY, NV 89701

DETAILED ADDRESS AT WELL LOCATION 2546 RANCH HOUSE RD
GENOA, NV 89403

2. PLS LOCATION SE 1/4 NW 1/4 3 Sec 13 N/S 19 E
PERMIT/WAIVER NO. Dom-1404 1319-03-202-004
Issued by Water Resources Current Parcel No.

Subdivision Name: _____ County: Douglas
Latitude 39.021596°N UTM E _____ NAD 27
Longitude 119.836522°W UTM N _____ NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other MUD

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
OVER BURDEN			0	3
BOULDERS AND COBBLES			3	24
BLACK SLATE ROCK			24	163
GRAY CLAY			163	210
HARD AND DRY				
BLACK SILTY SLATE			210	265
VERY FRACTURED BROKEN SLATE AND SMALL GRAVELS	XXX		265	55

9. INSTRUCTION

Depth Drilled: 320' Feet Depth Cased: 320' Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>12 1/4</u> Inches	<u>0</u> Feet <u>180'</u> Feet
<u>9 7/8</u> Inches	<u>180</u> Feet <u>320'</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.03</u>	<u>.188</u>	<u>+2</u>	<u>20</u>
<u>6 5/8 sdr</u>	<u>4.26</u>	<u>.216</u>	<u>20</u>	<u>320</u>
<u>21</u>				

ANNULAR MATERIALS

Sanitary Seal x Yes No

Neat Cement _____ to _____ Pumped Poured

Cement Grout 0 to 100 Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

Bentonite Chips _____ to _____ Pumped Poured

Gravel Pack [> 0.2 in.] 100 to 320 Pumped Poured

Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured

Other, explain: _____ to _____ Pumped Poured

Date started: 18-Mar , 20 14
Date completed: 21-Mar , 20 14

PERFORATIONS:

Type of perforation: SAW CUT

Size of perforation: .3 X 3/32

From 280 Feet To 320 Feet

From _____ Feet To _____ Feet

From _____ Feet To _____ Feet

From _____ Feet To _____ Feet

7. WATER QUALITIES

Static water level: 85 Feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: COLD ° Fahrenheit

Water Quality: GOOD

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision. This report is true to the best of my knowledge.

Name CAPITAL CITY WELL DRILLING AND PUMP SERVICE INC.
Contractor

Address 20 KIT KAT DRIVE, CARSON CITY, NV 89706
Contractor

8. WELL TEST DATA

Test Method:	Bailer	Pump	Air Lift	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>22-25</u>	<u>65</u>	<u>3 HRS</u>

Nevada contractor's license number as issued by the State Contractor's Board: 0055548

Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 1905

Signed: [Signature]
By driller performing actual drilling on site contractor

Date: 3/22/2014