

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

OFFICE USE ONLY
Log No. 120959
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. 72366
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME STEVE AND PENNY BISSET
MAILING ADDRESS 1585 BUCKEYE RD
MINDEN, NV 89423

DETAILED ADDRESS AT WELL LOCATION 934 HEAVENLY VIEW CT
GARDNERVILLE, NV 89460

Subdivision Name: _____ County: Douglas

2. PLS LOCATION SW 1/4 NW 1/4 17 Sec 12 N/S 20 E
PERMIT/WAIVER NO. Dom 14-46 1220-17-501-030
Issued by Water Resources Current Parcel No.

Latitude 38.907417°N UTM E NAD 27
Longitude 119.75739°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

6. LITHOLOGIC LOG				
Material Encountered	Lost Circ.	Water Strata	From	To
OVER BURDEN			0	3
COBBLES AND BOULDERS			3	95
BROWN CLAY SEAMS			95	125
SMALL GRAVELS			125	162
CLAY STRATAS			162	189
BOULDERS AND COBBLES	XXX		189	240

9. INSTRUCTION				
Depth Drilled:	240	Feet	Depth Cased:	240
HOLE DIAMETER (BIT SIZE)				
	From	To		
12 1/4	Inches	0	Feet	240
	Inches		Feet	
	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	240

ANNULAR MATERIALS
Sanitary Seal Yes No

<input type="checkbox"/> Neat Cement _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout <u>0</u> to <u>100</u>	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Chips _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Gravel Pack [> 0.2 in.] <u>100</u> to <u>240</u>	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [< 0.2 in.] _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain: _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

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

Date started: 1-Oct 20 14
Date completed: 3-Oct 20 14

7. WATER QUALITIES
Static water level: 82 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD ° Fahrenheit
Water Quality: GOOD

8. WELL TEST DATA			
Test Method:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)	
<u>25</u>	<u>35</u>	<u>3 HRS</u>	

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
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): 1805
Signed: [Signature]
By driller performing actual drilling on site or contractor
Date: 10/7/2014

RECEIVED
2014 OCT 14 PM 1:51
STATE ENGINEERS OFFICE
NAD 27
38.907510°N
119.756380°W