

Corrected

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

OFFICE USE ONLY

Log No. 121802

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. 72973
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME ADAM FINCH
MAILING ADDRESS _____
RENO, NV 89502

DETAILED ADDRESS AT WELL LOCATION 1848 PAINTED DESERT
GARDNERVILLE, NV 89410

Subdivision Name: _____ County: Douglas

Latitude 38.971791*N UTM E _____ NAD 27
Longitude 119.702691*W UTM N _____ NAD 83/WGS 84

2. PLS LOCATION NW 1/4 SE 1/4 23 Sec 13 N/S 20 E
PERMIT/WAIVER NO. 1320-23-002-032
Issued by Water Resources Current Parcel No.

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	4
BROWN CLAY			4	16
OBSIDIAN SANDS			16	89
BROWN CLAY			89	120
DG SANDS AND GRAVELS			120	165
BROWN CLAY			165	187
FRACTURED OBSIDIAN SANDS AND GRAVELS		XXX	187	260

9. INSTRUCTION

Depth Drilled: 260 Feet Depth Cased: 260 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>12 1/4</u>	<u>0</u>	<u>260</u>		

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</u>	<u>4.26</u>	<u>.216</u>	<u>20</u>	<u>260</u>
<u>SDR 21</u>				

Date started: 28-Jan, 20 15
Date completed: 2-Feb, 20 15

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement _____ to _____ Pumped Poured

Cement Grout 0 to 50 Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

Bentonite Chips _____ to _____ Pumped Poured

Gravel Pack [> 0.2 in.] 50 to 260 Pumped Poured

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

Other, explain: _____ to _____ Pumped Poured

7. WATER QUALITIES

Static water level: 89 Feet below land surface

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

Water Temperature: 54 ° Fahrenheit

Water Quality: GOOD

PERFORATIONS:

Type of perforation: SAW CUT

Size of perforation: 3 X 3/32

From 220 Feet To 260 Feet

From _____ Feet To _____ Feet

From _____ Feet To _____ Feet

From _____ Feet To _____ Feet

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>25</u>	<u>60</u>	<u>3 HRS</u>
		<u>NAD 27</u>	
		<u>38.971883</u>	
		<u>119.701683</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): 1905

Signed: [Signature]
By either party or by actual drilling on site of contractor

Date: 2/18/2015

(Rev. 12-13)

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STATE ENGINEERS OFFICE