

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

OFFICE USE ONLY
Log No. 122360
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. 69904
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Russell Bews DETAILED ADDRESS AT WELL LOCATION 1245 foothill
MAILING ADDRESS 3467 Bowes Sebastopol
me CA 95472 Subdivision Name: _____ County: Douglas

2. PLS LOCATION NW 1/4 27 Sec 13 N/S 19 E Latitude 39.18692 UTM E NAD 27
PERMIT/WAIVER NO. 131927-000-005 Longitude 119.47325 UTM N NAD 83/WGS 84
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 Auger Rotary RVC
 Mining / Dewater Com / Ind Stock Air Mud Sonic
 Test / Other Mun / QM Rec Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To	Thick-ness
Soil Rock			0	11	
DG-Boulders			11	27	
DG-clay			27	113	
DG		X	113	18	
Nad 27 38,945354° N 119,835074° W					

9. WELL CONSTRUCTION
Depth Drilled: 180 Feet Depth Cased: 180 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
<u>11</u>	<u>0</u>	<u>180</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13</u>	<u>.188</u>	<u>12</u>	<u>20</u>
<u>6"</u>	<u>4</u>	<u>50221 PUC</u>	<u>20</u>	<u>180</u>

PERFORATIONS:

Type of perforation: factory screen
Size of perforation: .040
From 140 Feet To 180 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS

Sanitary Seal _____ to _____
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout 0 to 100 Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips _____ to _____ Pumped Poured
 Bentonite Grout _____ to _____ Pumped Poured
 15 % 20 % Other, explain: _____
 Gravel Pack [> 0.2 in.] 100 to 180 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

Date started: 10-20 , 20 13
Date completed: 10-22 , 20 13

7. WATER QUALITIES
Static water level: 48 Feet below land surface
Artesian Flow: ND G.P.M. NA P.S.I.
Water Temperature: cool ° Fahrenheit
Water Quality: clear

8. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name: Blain Drilling Contractor
Address: PO 1255 COLLEGE 89702 Contractor
Nevada contractor's license number as issued by the State Contractor's Board: 4649876
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2184
Signed: [Signature]
Date: 09/30/2013
By driller performing actual drilling on site or contractor