

COPIES TO  
 - DIVISION OF WATER RESOURCES  
 - CLIENT'S COPY  
 - WELL DRILLER'S COPY

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

OFFICE USE ONLY  
 Log No. **82111**  
 Permit No. \_\_\_\_\_  
 Basin \_\_\_\_\_  
 NOTICE OF INTENT NO. **42023**

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER **NORM ROBINSON** ADDRESS AT WELL LOCATION **620 FRONTAGE RD**  
 MAILING ADDRESS **P. O. BOX 1237** **GARDNERVILLE, NV 89410**

2. LOCATION **SW 1/4 SW 1/4 Sec 24 T 12 N R 20 E** **DOUGLAS** County  
 PERMIT NO. **1220-24-410-012**

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  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	Thickness
LARGE BOULDERS AND COBBLES		0	75	75
VERY ROCKY				
LOOSE SANDS				
SMALLER GRAVELS AND COBBLES		75	134	59
BROWN SANDY CLAY AND GRAVELS		134	168	34
VERY FRACTURED OBSIDIAN GRAVELS AND COBBLES	XX	168	220	52

8. WELL CONSTRUCTION  
 Depth Drilled **220** Feet Depth Cased **220** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **10 3/4** Inches To **0** Feet **220** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	0	220

Perforations:  
 Type perforation **FACTORY MILL SLOT**  
 Size perforation **3 X 3/32**  
 From **190** feet to **210** feet  
 From **BLANK** ..210 feet to **220** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **100'**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **100** feet to **220** feet

9. WATER LEVEL  
 Static water level **75** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. **25** P.S.I.  
 Water temperature **COLD** °F Quality **GOOD**

Date started **1/4, 20 01**  
 Date completed **1/9, 20 01**

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Draw Down (Feet Below Static)		Time (Hours)
	<b>25</b>	<b>35</b>	<b>3 HRS</b>

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 DRILLIG**  
 (CONTRACTOR)  
 Address **20 KIT KAT DRIVE**  
 (CONTRACTOR)  
**CARSON CITY, NV 89706**  
 Nevada contractor's license number issued by the State Contractor's Board **41775**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1905**  
 Signed *Michael Ziback*  
 By driller performing actual drilling on site or contractor  
 Date **1/12/01**

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 01 JAN 17 AM 8:17  
 STATE ENGINEERS OFFICE