

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. 8251  
 Permit No. 105  
 Basin 1  
 NOTICE OF INTENT NO. 42025

PRINT OR TYPE ONLY

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

1. OWNER **JERRY BOGGS**  
 MAILING ADDRESS **GARDNERVILLE, NV 89410**  
 ADDRESS AT WELL LOCATION **670 ROCKING HORSE RD. GARDNERVILLE, NV 89410**

2. LOCATION **SW 1/4 SW 1/4 Sec 19 T 12 N R 21 E DOUGLAS County**  
 PERMIT NO. **1221-19-002-006**

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
HARD PAN CLAY		0	12	12
BROWN CLAY AND GRAVELS		12	78	66
VOLCANIC GRAVELS AND CLAY STRATAS		78	138	60
BROWN SANDY CLAY		138	210	72
VOLCANIC SANDS		210	236	26
FRACTURED VOLCAN, GRAVELS AND SANDS	XXX	236	270	34

8. WELL CONSTRUCTION  
 Depth Drilled **270** Feet Depth Cased **270** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
**10 5/8** Inches **0** Feet **270** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 CASING SCHEDULE  

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 5/8</b>	<b>13.03</b>	<b>.188</b>	<b>0</b>	<b>270</b>

Perforations:  
 Type perforation \_\_\_\_\_ MILL SLOT  
 Size perforation **3 X 3/32**  
 From **250** feet to **270** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **55**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **55** feet to **270** feet

9. WATER LEVEL  
 Static water level **160** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. **20** P.S.I.  
 Water temperature **COLD** °F Quality **GOOD**

Date started **2/19, 20 01**  
 Date completed **2/22, 20 01**

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 DRILLING**  
 (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 Hood*  
 By driller performing actual drilling on site or contractor  
 Date **2/24/01**

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump Draw Down (Feet Below Static)	Air Lift
G.P.M.			Time (Hours)
<b>20</b>		<b>45</b>	<b>3 HRS</b>

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