

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. 24532  
 Permit No. \_\_\_\_\_  
 Basin 105  
 NOTICE OF INTENT NO. 46371

PRINT OR TYPE ONLY

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

1. OWNER **WACO MCGILLE** ADDRESS AT WELL LOCATION **1635 CARLSON DRIVE**  
 MAILING ADDRESS **1635 CARLSON DR** **GARDNERVILLE, NV 89410**

2. LOCATION **NE 1/4 SE 1/4 Sec 29 T 13 N R 21 E DOUGLAS County**  
 PERMIT NO. **1321-29-002-028**

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
OVERBURDEN		0	3	3
HARDPAN CLAY		3	11	8
FRACTURED GRAVELS		11	65	54
BROWN CLAY		65	149	84
BROWN GUMMY CLAY		149	200	51
FINE SILTY SANDS AND CLAY SEAMS		200	218	18
FRACTURED SMALL GRAVELS WITH LARGER GRAVELS	XXX	218	260	42

8. WELL CONSTRUCTION				
Depth Drilled	<b>260</b> Feet	Depth Cased	<b>260</b> Feet	
HOLE DIAMETER (BIT SIZE)				
	From		To	
	<b>10 5/8</b> Inches	<b>0</b> Feet	<b>260</b> 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>260</b>

Perforations:  
 Type perforation **FACTORY MILL SLOT**  
 Size perforation **3 X 3/32**  
 From **240** feet to **260** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **60**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **60** feet to **260** feet

9. WATER LEVEL  
 Static water level **70** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. **25** P.S.I.  
 Water temperature **COLD** °F Quality **GOOD**

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Date started **9/23**, 20 **01**  
 Date completed **9/26**, 20 **01**

7. WELL TEST DATE			
TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<b>25</b>	<b>45</b>	<b>3 HRS</b>

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 Hack*  
 By driller performing actual drilling on site or contractor  
 Date **9/25/01**