WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 72267
Permit No.
Basin 105

NOTICE OF INTENT NO. 44114

1. OWNER Douglas County Sewer Improvement Dist. #1
MAILING ADDRESS P.O. Box 578
Zephyr Cove NV. 89448

ADDRESS AT WELL LOCATION Frank Schlumeyer and Sons, Inc.

2. LOCATION NE ¼ SE ¼ Sec. 2 T. 13 N S R. 19 E. Douglas County
PERMIT NO. N/A (Issued by Water Resources) | 1319-02-000-008 (Parcel No.) | N/A (Subdivision Name)

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

6. LITHOLOGIC LOG

Well #2

Material	Water Strata	From	To	Thickness
Well abandoned by complete removal of casing while simultaneously filling with neat cement 2 sacks total				

RECEIVED 04 FEB 25 AM 11:05 STATE ENGINEERS OFFICE

Date started 2/4/04 2004
Date completed 2/4/04 2004

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

	From	To
Inches	Feet	Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"		Sch 40	-1	0
2.375	0.70	0.308	0	15

Perforations:
Type perforation
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☒ Yes ☐ No
Depth of Seal
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☒ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level 5.60 feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature ____ °F Quality

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Dale A Lehman (Contractor)
Address 520 Edison Way (Contractor)
Reno NV 89502
Nevada contractor's license number issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1976
Signed Dale A. Lehman
By driller performing actual drilling on site or contractor
Date 2/5/04

(Rev. 3-91) USE ADDITIONAL SHEETS IF NECESSARY (O)-627