

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
 96133
 Log No. _____
 Permit No. _____
 Basin 105

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **53560**

1. OWNER **DICK HANSEN** ADDRESS AT WELL LOCATION **1509 SANCHEZ RD**
 MAILING ADDRESS **1517 SANCHEZ RD** **GARDNERVILLE, NV 89410**
GARDNERVILLE, NV 89460

2. LOCATION **SW 1/4 SW 1/4 Sec 35 T 13 N R 20 E** **DOUGLAS** County
 PERMIT NO. **SE NW 23-295-810 1320-35-001-011**
 Issued by Water Resources Parcel No. Section 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 **MUD**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
HARD PAN CLAY		0	5	5
BROWN CLAY		5	15	10
COURSE GRAVELS		15	78	63
BROWN CLAY	(DRY)	78	162	84
BROWN GUMMY CLAY		162	192	30
SMALL SILTY SANDS		192	213	21
SMALL OBSIDIAN GRAVELS	XX	213	250	37

8. WELL CONSTRUCTION
 Depth Drilled **250** Feet Depth Cased **250** Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches **0** Feet **250** 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	+2	10
sdr21 6 5/8	4.06	.216	10	250

Perforations:
 Type perforation **SAW CUT**
 Size perforation **3 X 3/32**
 From **210** feet to **250** 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 **250** feet

9. WATER LEVEL
 Static water level **75** feet below land surface
 Artesian flow _____ G.P.M. **30** 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.
 Name **CAPITAL CITY WELL DRILLING**
 (CONTRACTOR)

Address **20 KIT KAY DRIVE**
 (CONTRACTOR)
CARSON CITY, NV 89706
 Nevada contractor's license number issued by the State Contractor's Board **0055548**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2157**
 Signed *Dick Crane*
 By driller performing actual drilling on site or contractor
 Date **4/22/05**

Date started **4/7, 20 05**
 Date completed **4/8, 20 05**

7. WELL TEST DATE

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
30	40	3 HRS	

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 05 APR 26 AM 10:52
 STATE ENGINEERS OFFICE