

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. 102850  
 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. **58241**

1. OWNER **KURT FORD**  
 MAILING ADDRESS 1238 Julian Wy  
**GARDNERVILLE, NV 89460**

ADDRESS AT WELL LOCATION **1918 TEDSEN LN**  
**GARDNERVILLE, NV 89410**

2. LOCATION **SW 1/4 NE 1/4 Sec 12 T 12 N R 20 E DOUGLAS County**

PERMIT NO. **1220-12-610-002**  
 Issued by Water Resources Parcel No. 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 **MUD**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
HARDPAN CLAY		0	3	3
COURSE GRAVELS		3	91	88
BROWN CLAY		91	163	72
SMALL SANDS AND GRAVELS		163	203	40
BROWN GUMMY CLAY		203	211	8
FRACTURED GRAVELS	XXX	211	260	49

N 38.526538  
 W 119.684766 NAD27

8. WELL CONSTRUCTION  
 Depth Drilled **260** Feet Depth Cased **260** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **10 5/8** Inches To **0** Feet **260** 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	20
6 5/8 sdr21	4.06	.216	20	260
		.316		

Perforations:  
 Type perforation **SAW CUT**  
 Size perforation **3X3X32**  
 From **220** feet to **260** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **58**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **58** feet to **260** feet

9. WATER LEVEL  
 Static water level **143** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. **22** P.S.I.  
 Water temperature **COLD** °F Quality **GOOD**

Date started **2/19, 20 07**  
 Date completed **2/23, 20 07**

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<b>22</b>	<b>60</b>	<b>3 HRS</b>	
	<b>10-11 W 9-11 W 7/07</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 DRILLING**  
 (CONTRACTOR)  
 Address **20 KIT KAT 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 **1905**  
 Signed Michel Laek  
 By driller performing actual drilling on site or contractor  
 Date **2/28/07**