

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 106160
Permit No. _____
Basin 105

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 61847

1. OWNER ALICE GARCIA ADDRESS AT WELL LOCATION 626 STAGE COACH
MAILING ADDRESS 626 STAGE COACH GARDNERVILLE, NV 89410
Subdivision Name: _____ County: Douglas

2. LOCATION SE 1/4 SE 1/4 Sec 24 T 12N N/S R 20 E Latitude 38.88359°N UTM E NAD 27
PERMIT/WAIVER No. 1220-24-810-021 Longitude 119.67853°W N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other MUD

8. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
OLD WELL 6 5/8		0	240	240
COURSE OBSIDIAN GRAVELS		240	268	28
BROWN CLAY		268	279	11
FRACTURED OBSIDIAN GRAVELS	XXX	279	320	41

N 38.883688
W 119.677537 NAD27

Deepening of Log # 3466

9. WELL CONSTRUCTION

Depth Drilled 320 ~~80~~ Feet Depth Cased 320 ~~80~~ Feet

HOLE DIAMETER (BIT SIZE)

From	To
6 1/8 Inches	240 Feet
Inches	Feet
Inches	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	11.06	.188	220	320

Perforations:

Type of perforation FACTORY MILL SLOT
Size of perforation 3 X 3/32

From	feet to	feet
300	320	feet
From	feet to	feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	N/A to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No N/A to _____ Pumped Poured
Type: _____

Bentonite Chips: Yes No N/A to _____ Pumped Poured
Type: _____

Date started: 08-May , 20 08
Date completed: 09-May , 20 08

7. Water Level
Static water level: 190 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: GOOD

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
18	65	3 HRS

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 AND PUMP SERVICE INC
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 Michael H. Black
By driller performing actual drilling on site or contractor

Date 05/15/2008

(Rev. 05-05)

USE ADDITIONAL SHEETS IF NECESSARY

SC:11111 OF 1000000