

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

OFFICE USE ONLY *107944*
Log No. _____
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. 63538

1. OWNER THELMA & STANLEY KRACHER ADDRESS AT WELL LOCATION 1755 BITTER BRUSH CT
MAILING ADDRESS P.O. BOX 901357 PALMDALE, CA 93590 GARDNERVILLE, NV 89410

Subdivision Name: _____ County: Douglas
2. LOCATION SW 1/4 SW 1/4 Sec 35 T 13N N/S R 20 E Latitude 38.94060°N UTM E NAD 27
PERMIT/WAIVER No. 5C 1320-35-002-058 Longitude 119.69937°W N NAD 83/WGS 84

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
OVERBURDEN		0	6	6
COBBLES AND GRAVELS		6	82	76
BROWN CLAY		82	163	81
OBSIDIAN GRAVELS		163	179	16
BROWN CLAY		179	196	17
FRACTURED GRAVELS	XX	196	250	54

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
250		250	

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
10 5/8	0	250	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	+2	30
6 5/8 sdr	4.06	.216	30	250
21				

Perforations: SAW CUT
Type of perforation _____
Size of perforation 3X3/32
From 210 feet to 250 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout 0 to 100 Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No 100 to 250 Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 12-Jan , 20 09
Date completed: 18-Jan , 20 09

7. Water Level
Static water level: 90 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>25</u>	<u>55</u>	<u>3 HRS</u>	

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.
Address #20 KIT KAT DRIVE
CARSON CITY, NV 89706
Nevada contractor's license number 0055548
Issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
Signed Michael Back
By driller performing actual drilling on site
Date 02/10/2009

USE ADDITIONAL SHEETS IF NECESSARY

2009 FEB 27 AM 11:03