

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

OFFICE USE ONLY
Log No. 117708
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

1. OWNER STEVE HUNTSINGER ADDRESS AT WELL LOCATION 1781 RANGER LANE NOTICE OF INTENT NO. 67815
MAILING ADDRESS 1781 RANGER LANE GARDNERVILLE, NV 89410 Subdivision Name: _____ County: Douglas

2. LOCATION NE 1/4 NE 1/4 Sec 26 T 13N N/S R 20 E Latitude 38.96811°N UTM E NAD 27
PERMIT/WAIVER No. 1320-26-001-047 Longitude 119.69634°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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
OLD 8 5/8 WELL		0	140	140
COURSE DG SANDS		140	153	13
SILTY SANGS AND CLAY		153	192	39
BROWN CLAY		192	226	34
COURSE DG SANDS AND SMALL GRAVELS	XXX	226	280	54

9. WELL CONSTRUCTION

Depth Drilled 280 Feet Depth Cased 280 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
7 7/8	140	280

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	4.26	.216	120	280
SDR 21				

Perforations:

Type of perforation FACTORY MILL CUT
Size of perforation .032

From 240 feet to 280 feet
From _____ feet to _____ feet

Annular Seal: Yes No Existing Seal

Neat Cement N/A to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

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

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

Date started: 30-Aug, 2012
Date completed: 04-Sep, 2012

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: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
25+	75	75

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 [Signature]
By driller performing actual drilling on site or contractor
Date 09/04/2012

USE ADDITIONAL SHEETS IF NECESSARY

NAD 27 38.968110°N 119.696340°W