

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

OFFICE USE ONLY
Log No. 120453
Permit No. _____
Basin No. 105

**PRINT OR TYPE IN BLACK INK 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. 72063

WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME TERRY AND SUSAN TAYLOR
MAILING ADDRESS 2735 HENNING LANE
MINDEN, NV 89423

DETAILED ADDRESS AT WELL LOCATION 2735 HENNING LANE
MINDEN, NV 89423

2. PLS LOCATION SW ¼ NW ¼ 35 Sec 14 N/S 20 E
PERMIT/WAIVER NO. DOM-14-17 1420-35-201-011
Issued by Water Resources Current Parcel No.

Subdivision Name: _____ County: Douglas
Latitude 39.03597°N UTM E NAD 27
Longitude 119.71207°W UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # 45058
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Corn / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

8. LITHOLOGIC LOG				
Material Encountered	Lost Circ.	Water Strata	From	To
OVER BURDEN			0	3
DG SANDS			3	126
SILTY SANDS	X		126	210
BROWN CLAY			210	220
GRAY CLAY			220	368
GRAY SILTY SANDS			268	310
FRACTURED DG SANDS				
SMALL GRAVELS	XXX		310	380
<i>Replaces well log 45058</i>				
<i>NAD 27</i>				
<i>39.036061°N</i>				
<i>119.711060°W</i>				

9. INSTRUCTION
Depth Drilled: 380 Feet Depth Cased: 380 Feet

HOLE DIAMETER (BIT SIZE)				
Inches	From	To	Feet	Feet
11.5	0	380		

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	4.26	.216	20	380
SDR 21				

ANNULAR MATERIALS
Sanitary Seal Yes No

<input type="checkbox"/> Neat Cement _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout <u>0</u> to <u>60</u>	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Chips _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Gravel Pack [> 0.2 in.] <u>60</u> to <u>380</u>	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [< 0.2 in.] _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain: _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

PERFORATIONS:
Type of perforation: SAW CUT
Size of perforation: 3 X 3/32

From <u>320</u> Feet	To <u>380</u> Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet

Date started: 15-Jun, 20 14
Date completed: 23-Jun, 20 14

7. WATER QUALITIES
Static water level: 134 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD ° Fahrenheit
Water Quality: GOOD

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name CAPITAL CITY WELL DRILLING AND PUMP SERVICE INC.
Contractor
Address 20 KIT KAT DRIVE CARSON CITY, NV 89706
Contractor

8. WELL TEST DATA

Test Method:	Bailer	Pump	Air Lift	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>25+</u>	<u>65</u>	<u>3 HRS</u>

Nevada contractor's license number as issued by the State Contractor's Board: 0055548
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 1905
Signed: *Michael Jack*
By either performing actual drilling on site or by contract
Date: 6/26/2014