

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

OFFICE USE ONLY
Log No. 120954
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. 72365
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME ANDREA AND JOHN YOUNG
MAILING ADDRESS 1196 JO LANE
GARDNERVILLE, NV 89410

DETAILED ADDRESS AT WELL LOCATION 1196 JO LANE
GARDNERVILLE, NV 89410
Subdivision Name: _____ County: Douglas

2. PLS LOCATION NW 1/4 NW 1/4 12 Sec 12 N/S 20 E
PERMIT/WAIVER NC DOM14-38 1220-12-111-004
Issued by Water Resources Current Parcel No.

Latitude 38.924903°N UTM E _____ NAD 27
Longitude 119.68748°W UTM N _____ NAD 83/WGS 84

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

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
OVER BURDEN			0	3
BROWN CLAY			3	8
OBSIDIAN GRAVELS			8	49
SMALL GRAVELS AND CLAY			49	146
BROWN GUMMY CLAY			146	168
OBSIDAIN SANDS			168	193
FRACTURED OBSIDIAN GRAVEL	XXX		193	260

9. INSTRUCTION

Depth Drilled: 260 Feet Depth Cased: 260 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
12 1/4	0	120
9 7/8	120	260

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	260
SDR 17				

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement _____ to _____ Pumped Poured

Cement Grout 0 to 100 Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

Bentonite Chips _____ to _____ Pumped Poured

Gravel Pack [> 0.2 in.] 100 to 260 Pumped Poured

Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured

Other, explain: _____ to _____ Pumped Poured

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*Had 27
38.924995
119.687483*

PERFORATIONS:

Type of perforation: SAX CUT

Size of perforation: 3X 3/32

From 220 Feet To 240 Feet

From _____ Feet To _____ Feet

From _____ Feet To _____ Feet

From _____ Feet To _____ Feet

Date started: 27-Sep , 20 14
Date completed: 29-Sep , 20 14

7. WATER QUALITIES
Static water level: 94 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD ° Fahrenheit
Water Quality: GOOD

8. WELL TEST DATA

Test Method:	Bailer	Pump	Air Lift
G.P.M.			
Draw Down (Feet Below Static)			
Recorded Time (Hours)			
	<u>25</u>	<u>56</u>	<u>3 HRS</u>

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

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 Stuck
By driller performing actual drilling on site or contractor

Date: 10/6/2014