

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

OFFICE USE ONLY
Log No. 124827
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. 73321
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME STEVEN DOTTS
MAILING ADDRESS 2640 KAYNE AVE
MINDEN, NV 89423

DETAILED ADDRESS AT WELL LOCATION 1723 TWO BELL LANE
GARDNERVILLE, NV 89410

2. PLS LOCATION NW ¼ NE ¼ 23 Sec 13 N/S 25 E
PERMIT/WAIVER NO. 1320-23-002-006
Issued by Water Resources Current Parcel No.

Subdivision Name: _____ County: Douglas
Latitude 38.98287°N UTM E NAD 27
Longitude 119.702368°W UTM N NAD 83/WGS 84

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

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

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sortic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
OVER BURDEN			0	6
BROWN CLAY			6	21
DG SANDS AND GRAVELS			21	136
BROWN CLAY			136	210
SMALL CLAY BALLS DG SANDS			210	235
FRACTURED OBSIDIAN GRAVELS		XXX	235	280

9. INSTRUCTION

Depth Drilled: 280 Feet Depth Cased: 280 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>11 5/8</u> Inches	<u>0</u> Feet <u>280</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.03</u>	<u>.188</u>	<u>+2</u>	<u>20</u>
<u>6 5/8</u>	<u>4.26</u>	<u>.216</u>	<u>20</u>	<u>280</u>
<u>SDR 21</u>				

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement _____ to _____ Pumped Poured

Cement Grout 0 to 65 Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

Bentonite Chips _____ to _____ Pumped Poured

Gravel Pack [> 0.2 in.] 65 to 280 Pumped Poured

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

Other, explain: _____ to _____ Pumped Poured

Date started: 16-Feb , 20 16
Date completed: 18-Feb , 20 16

PERFORATIONS:

Type of perforation: SAW CUT

Size of perforation: 3 X 3/32

From 240 Feet To 260 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

7. WATER QUALITIES

Static water level: 95 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 46° ° 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

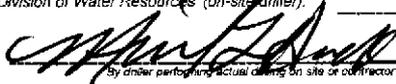
Address 20 KIT KAT DRIVE CARSON CITY, NV 89706
Contractor

8. WELL TEST DATA

Test Method:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.		Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>25</u>		<u>65</u>	<u>3 HOURS</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: 
By driller performing actual drilling on site or contractor

Date: 2/28/2016

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

NAD 27: 38.982962°N
119.701360°W