

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

OFFICE USE ONLY
Log No. 125556
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. 74979
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME JOHN CRAWFORD
MAILING ADDRESS 1601 LOMBARDY ROAD
GARDNERVILLE, NV 89410

DETAILED ADDRESS AT WELL LOCATION 1601 LOMBARDY ROAD
GARDNERVILLE, NV 89410

2. PLS LOCATION SW ¼ SW ¼ 26 Sec 13 N/S 20 E
PERMIT/WAIVER NO. 1320-26-002-029
Issued by Water Resources Current Parcel No.

Subdivision Name _____ County: Douglas
Latitude 38.955163°N UTM E NAD 27
Longitude 119.712735°W UTM N NAD 83/WGS 84

3. **WORKED PERFORMED**
 New Well Deepen: Orig W/L# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

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

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	40
BROWN SANDY CLAY			40	60
BROWN CLAY WITH SMALL SILTY ROCK			60	80
BROWN MIXED ROCK			80	100
BROWN SILTY SANDS			100	160
SMAL OBSIDIAN SANDS		X	180	220
FRACTURED GRAVELS		XX	220	255
BROWN CLAY			255	260

9. **WELL CONSTRUCTION**

Depth Drilled: 260 Feet Depth Cased: 260 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>11 1/4</u>	<u>0</u>	<u>260</u>		

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>260</u>
<u>SDR 21</u>				

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>100</u>	<input checked="" type="checkbox"/> Pumped <input 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>100</u> to <u>260</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

Date started: 8-Aug 2016
Date completed: 12-Aug 2016

PERFORATIONS:

Type of perforation: FACTORY MILL SLOT
Size of perforation: 0.032
From 220 Feet To 260 Feet

7. **WATER QUALITIES**
Static water level: 95 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 52* ° 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:	<input type="checkbox"/> Bailor	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.			
Draw Down (Feet Below Static)			
Recorded Time (Hours)			
	<u>25+</u>	<u>40</u>	<u>3 HOURS</u>
	<u>NAD 27</u>		
	<u>38.955255</u>		
	<u>119.711726</u>		

Phone _____
Nevada contractor's license number as issued by the State Contractor's Board: 005548
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2010

Signed: Nurse Proctor
By driller performing actual drilling on site of contractor
Date: 8/15/2016