

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

OFFICE USE ONLY
Log No. 125800
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. 74980
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME GARY AND TRACEY OLQUIN
MAILING ADDRESS 719 INDIAN TRAIL
GARDNERVILLE, NV 89460

DETAILED ADDRESS AT WELL LOCATION 719 INDIAN TRAIL
GARDNERVILLE, NV 89460

2. PLS LOCATION SW 1/4 NE 1/4 29 Sec 12 N/S 19 E
PERMIT/WAIVER NO. 1219-23-001-052
Issued by Water Resources Current Parcel No.

Subdivision Name: _____ County: Douglas
Latitude 38.890158°N UTM E NAD 27
Longitude 119.815958°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 Monitor
 Mining / Dewater Stock
 Test / Other 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
COURSE DG SANDS			3	40
DG SANDS AND BOULDERS			40	60
GREY DG GRANITE		X	60	100
SMALL BOULDERS				
GRANITE BOULDERS			100	160
BROWN SILTY SANDS				
HARD FRACTURED GRANITE		XXX	160	200

9. WELL CONSTRUCTION

Depth Drilled: 200 Feet Depth Cased: 200 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>11 1/4</u> Inches	<u>0</u> Feet <u>200</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>200</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>200</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>160</u> Feet	To <u>200</u> Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet

Date started: 10-Aug , 20 16
Date completed: 13-Aug , 20 16

7. WATER QUALITIES

Static water level: _____ Feet below land surface
Artesian Flow: 5 G.P.M. P.S.I.
Water Temperature: 48° ° Fahrenheit
Water Quality: GOOD

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>25+</u>	<u>85</u>	<u>3 HOURS</u>
		<u>NAD 27</u>	
		<u>38.890251</u>	
		<u>119.814946</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
Phone _____
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): 2010
Signed: [Signature]
By driller performing actual drilling on site or contractor
Date: 8/17/2016

(Rev. 04-16)

USE ADDITIONAL SHEETS IF NECESSARY