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 - DIVISION OF WATER RESOURCES  
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STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340



OFFICE USE ONLY

Log No. 96130  
 Permit No. \_\_\_\_\_  
 Basin 105

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 52306

1. OWNER SCOTT SMITH ADDRESS AT WELL LOCATION 1630 N. STAR CT  
 MAILING ADDRESS GARDNEVILLE, NV 89410 GARDNEVILLE, NV 89410

2. LOCATION SW 1/4 SW 1/4 Sec 26 T 13 N R 20 E DOUGLAS County

PERMIT NO. 1320-26-002-034

Issued by Water Resources 1320-26-002-034 Period No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_

4. PROPOSED USE  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other MUD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
HARD PAN CLAY		0	5	5
COURSE GRAVELS		5	13	8
COBBLES AND SMALL GRAVELS		13	116	108
BROWN CLAY		116	165	57
SMALL GUMMY CLAY CLAY STRATA		165	173	8
BROWN CLAY WITH SMALL GRAVELS		173	205	32
GUMMY CLAY		205	215	10
FRACTURED GRAVELS				
SMALL OBSIDIAN SANDS	XXX	215	250	35

8. WELL CONSTRUCTION

Depth Drilled 250 Feet Depth Cased 250 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 3/4</u> Inches	<u>0</u> Feet <u>250</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>10</u>
<u>6 5/8 sdr 21</u>	<u>4.06</u>	<u>.216</u>	<u>10</u>	<u>250</u>

Perforations:

Type perforation SAW CUT  
 Size perforation 3 X 3/32

From 210 feet to 250 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type: \_\_\_\_\_  
 Depth of Seal 100  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 100 feet to 250 feet

9. WATER LEVEL  
 Static water level 70 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. 30 P.S.I.  
 Water temperature COLD °F Quality GOOD

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Date started 4/21, 20 05  
 Date completed 4/22, 20 05

7. WELL TEST DATE

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>30</u>	<u>50</u>	<u>3 HRS</u>
_____	_____	_____
_____	_____	_____

Name CAPITAL CITY WELL DRILLING & PUMPS INC.  
 (CONTRACTOR)  
 Address 20 KIT KAT DRIVE  
 (CONTRACTOR)  
CARSON CITY, NV 89706  
 Nevada contractor's license number issued by the State Contractor's Board 55548  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2157

Signed Rick Crane  
 By driller performing actual drilling on site or contractor  
 Date 4/25/05

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 05 APR 26 AM 10:52  
 STATE ENGINEERS OFFICE