COPIES TO
- DIVISION OF WATER RESOURCES
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- WELL DRILLER'S COPY

PRINT OR TYPE ONLY

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. 103710
Permit No.
Basin 107

NOTICE OF INTENT NO. 58249

1. OWNER BOB SALONY
MAILING ADDRESS 10 GRAND VIEW LN
WELLINGTON, NV 89444

ADDRESS AT WELL LOCATION 277 BURKE DR
SMITH VALLEY, NV 89444

2. LOCATION SE ¼ NE ¼ Sec 26 T 12 N R 23 E LYON County

PERMIT NO. 69712 (Issued by Water Resources) | 010-111-35 (Parcel 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	Thickness
BROWN SANDS		0	9	9
BROWN CLAY		9	63	54
GRAY SILTY CLAY		63	102	39
GRAY GUNNY CLAY		102	123	21
SMALL GREEN SANDS				
CLAY SEAM	XX	123	160	37

GPS INFO: NAD 83
38.87803*N
119.36856*W

N 38.878125
W 119.367575 NAD27

Date started 3/19, 20 07
Date completed 3/21, 20 07

7. WELL TEST DATE

TEST METHOD: ☐ Bailer ☐ Pump ☒ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
60+		

8. WELL CONSTRUCTION

Depth Drilled 160' Feet Depth Cased 160 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
11 Inches	0 Feet	160 Feet
Inches	Feet	Feet
Inches	Feet	Feet

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 5/8sdr21	4.06	.216	20	160

Perforations:
Type perforation SAW CUT
Size perforation 3 X 3/32
From 120 feet to 160 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Surface Seal: ☒ Yes ☐ No Seal Type:
Depth of Seal 60 ☒ Neat Cement
Placement Method: ☒ Pumped ☐ Cement Grout
☐ Poured ☐ Concrete Grout
Gravel Packed: ☒ Yes ☐ No
From 60 feet to 160 feet

9. WATER LEVEL
Static water level 45 feet below land surface
Artesian flow G.P.M 60+ P.S.I
Water temperature COLD °F Quality SULFUR SMELL

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name CAPITAL CITY WELL DRILLING (CONTRACTOR)
Address 20 KIT KAT DRIVE (CONTRACTOR)
CARSON CITY, NV 89706
Nevada contractor's license number issued by the State Contractor's Board 0055548
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
Signed [signature] By driller performing actual drilling on site or contractor
Date 4/4/07

RECEIVED 2007 MAY -3 AM 11:25 STATE ENGINEER'S OFFICE

(Rev 3-91) USE ADDITIONAL SHEETS IF NECESSARY

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