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

OFFICE USE ONLY
Log No. 106531
Permit No.
Basin 107

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

2593 NOTICE OF INTENT NO. 62869

1. OWNER DANIEL SHEHADY
MAILING ADDRESS P.O. BOX 271 WELLINGTON , NV 89444

ADDRESS AT WELL LOCATION ~~2308~~ HI WAY 208
WELLINGTON , NV 89444
Subdivision Name: County: Lyon

2. LOCATION ~~SW~~ NE ¼ SW ¼ Sec ~~20~~ T 11N N/S R ~~24~~ 23 E
PERMIT/WAIVER No. 95 010-291-07
Issued by Water Resources Parcel No.

Latitude 38.78391°N
Longitude 119.35726°W
UTM E N
☐ NAD 27 ☒ NAD 83/WGS 84

3. WORKED PERFORMED
☐ New Well ☐ Replace ☐ Recondition
☐ Deepen ☒ Other ABANDONMENT

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

5. WELL TYPE
☐ Cable ☐ Rotary ☐ RVC
☐ Air ☐ Other N/A

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
OLD WELL WAS A 4 " WELL		0	40	40
PULLED OUT OLD JET PUMP				
TAGGED BOTTOM @ 40'				
GOT A VERBAL ADVICE				
FROM TIM HUNT				
PLACED 1 1/4 TRIMMIE				
TO BOTTOM AND PUMPED				
FULL OF NEAT CEMENT				
N 38.783999				
W 119.356266 NAD27				

Date started: 19-Jun , 20 08
Date completed: 19-Jun , 20 08

9. WELL CONSTRUCTION
Depth Drilled N/A Feet Depth Cased N/A Feet

HOLE DIAMETER (BIT SIZE)

		From	To
N/A	Inches	Feet	Feet
	Inches	Feet	Feet
	Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
N/A				

Perforations:
Type of perforation N/A
Size of perforation N/A
From N/A feet to feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Annular Seal: ☐ Yes ☐ No
☐ Neat Cement N/A to ☐ Pumped ☐ Poured
☐ Cement Grout to ☐ Pumped ☐ Poured
☐ Concrete Grout to ☐ Pumped ☐ Poured
☐ ≥30% Bentonite Grout to ☐ Pumped ☐ Poured
Gravel Pack: ☐ Yes ☐ No N/A to ☐ Pumped ☐ Poured
Type:
Bentonite Chips: ☐ Yes ☐ No N/A to ☐ Pumped ☐ Poured
Type:

7. Water Level
Static water level: feet below land surface
Artesian Flow: G.P.M. P.S.I.
Water Temperature: N/A °F
Quality: POOR

8. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	N/A	N/A	N/A

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name CAPTIAL CITY WELL DRILLING AND PUMP SERVICE INC.
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 Michael L Hack
By driller performing actual drilling on site or contractor
Date 07/06/2008

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY

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STATE ENGINEERS OFFICE