

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

OFFICE USE ONLY
Log No. 106532
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

0593 NOTICE OF INTENT NO. 62870

1. OWNER DANIEL & TRACI SHEHADY ADDRESS AT WELL LOCATION 2800 HI WAY 208
MAILING ADDRESS P.O. BOX 271 WELLINGTON, NV 89444
Subdivision Name: _____ County: Lyon
2. LOCATION SW 1/4 SW 1/4 Sec 05 T 11N N/S R 23 E Latitude 38.78390°N UTM E NAD 27
PERMIT/WAIVER No. 010-291-07 Longitude 119.35762°W N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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
OVER BURDEN		0	3	3
COURSE GRAVELS		3	49	46
DG SANDS		49	83	34
BROWN CLAY		83	110	27
GRAY CLAY		110	119	9
COURSE DG SANDS W/ CLAY SEAMS	XXX	119	180	61

N 38 583989
W 119.356626 NAD83

9. WELL CONSTRUCTION

Depth Drilled	180	Feet	Depth Cased	180	Feet
HOLE DIAMETER (BIT SIZE)					
From		To			
10 3/4	Inches	0	Feet	180	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	180

Perforations:
Type of perforation FACTORY MILL SLOT
Size of perforation 3 X 3/32
From 160 feet to 180 feet
From _____ feet to _____ feet
Annular Seal: Yes No
 Neat Cement 0 to 100 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No 100 to 180 Pumped Poured
Type: PEAT GRAVEL
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 12-Jun , 20 08
Date completed: 17-Jun , 20 08

7. Water Level
Static water level: 35 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: _____ GOOD

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Baller <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
	<u>25</u>	<u>45</u>	<u>3 HRS</u>

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 H. Hark
By driller performing actual drilling on site of contractor
Date 07/06/2008

5/99 05-00

USE ADDITIONAL SHEETS IF NECESSARY

STATE ENGINEERS OFFICE
2008 JUL -9 AM 10:29
RECEIVED