

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

OFFICE USE ONLY
Log No. 111662
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*

NOTICE OF INTENT NO. 65584

1. OWNER BILL & JACKIE BOTELHO
MAILING ADDRESS 135 DAY LANE
SMITH VALLEY, NV 89444

ADDRESS AT WELL LOCATION 135 DAY LANE
SMITH VALLEY, NV 89444
Subdivision Name: _____ County: Lyon

2. LOCATION SE 1/4 NE 1/4 Sec 18 T 11N N/S R 24 E
PERMIT/WAIVER No. DOMESTIC 010-431-15
Issued by Water Resources Parcel No. _____

Latitude 38.81802°N UTM E NAD 27
Longitude 119.32867°W N NAD 83/WGS 84

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	Thick-ness
OVERBURDEN		0	3	3
COURSE DG SANDS		3	36	33
BROWN SANDY CLAY		36	84	48
COURSE GRAVELS		84	104	20
BROWN CLAY		104	131	27
FFRACTURED COURSE DG SANDS AND GRAVELS	XXX	131	180	49
* original well log being replaced - unknown				
<u>38.818108°N MDD27 D.D.</u>				
<u>119.328678°W -GPS-</u>				

9. WELL CONSTRUCTION

Depth Drilled	180'	Feet	Depth Cased	180'	Feet
HOLE DIAMETER (BIT SIZE)					
	From	To			
<u>12 3/4</u>	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)
<u>8 5/8</u>	<u>16.65</u>	<u>.188</u>	<u>+2</u>	<u>180</u>

Perforations:

Type of perforation	Size of perforation	From	To
<u>FACTORY MILL SLOT</u>	<u>3 X 3/32</u>	<u>140</u>	<u>180</u>
From		feet to	feet
From		feet to	feet
From		feet to	feet
From		feet to	feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	0 to 100	<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"/> ≥30% Bentonite Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 100 to 180 Pumped Poured

Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

Date started: (per NDI) 26 July 2010
Date completed: 29 July 2010

7. Water Level
Static water level: 15 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"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>35+</u>	<u>65</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 CAPITAL CITY WELL DRILLING AND PUMP SYSTEM 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 Hack
by driller performing actual drilling on site or contractor

Date 08/18/2010

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

mmh-Ⓣ