

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

OFFICE USE ONLY
Log No. 113303
Permit No. _____
Basin 076

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. 66179

1. OWNER PAUL ~~KNOW~~ KNOX ADDRESS AT WELL LOCATION 1510 SOUTH CLOVER LN
MAILING ADDRESS 1510 S. CLOVER LN FERNLEY, NV 89408
Subdivision Name: _____ County: Lyon

2. LOCATION SW 1/4 SW 1/4 Sec 20 T 20N N/S R 25 E Latitude 39.58178°N UTM E NAD 27
PERMIT/WAIVER No. 020-381-05 Longitude 119.20796°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	Thick-ness
OVER BURDEN		0	2	2
BROWN CLAY		2	6	4
BROWN SANDS AND CLAY		6	47	41
COURSE GRAVELS	X	47	92	45
CLAY SEAMS AND GRAVELS		92	110	18
LARGE GRAVELS	XXX	110	140	30

RECEIVED
2011 MAR -9 AM 10:57
STATE ENGINEERS OFFICE

* See pluging report # 113364
original log unknown being replaced

9. WELL CONSTRUCTION

Depth Drilled 140 Feet Depth Cased 140 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>12 1/4</u> Inches	<u>0</u> Feet <u>140</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>20</u>
<u>6 5/8</u>	<u>4.26</u>	<u>.216</u>	<u>20</u>	<u>140</u>
<u>sdr 17</u>				

Perforations:

Type of perforation 3 X 3/32
Size of perforation SAW CUT

From 110 feet to 140 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout 0 to 100 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 100 to 140 Pumped Poured
Type: PEAT GRAVEL

Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 01-Mar, 20 11
Date completed: 03-Mar, 20 11

7. Water Level
Static water level: 55 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: GOOD

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>30</u>	<u>28</u>	<u>3 HRS</u>
<u>39.581867°N</u>	<u>NAD 27 D. D.</u>	
<u>119.206960°W</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 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 [Signature]
By driller performing actual drilling on site or contractor

Date 03/03/2011