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

OFFICE USE ONLY
Log No. 113466
Permit No.
Basin 102

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. 66182

1. OWNER TODD DAY
MAILING ADDRESS
RENO, NV 89521

ADDRESS AT WELL LOCATION 4280 E. 2nd ST
SILVER SPRINGS, NV 89429
Subdivision Name: County: Lyon

2. LOCATION NW ¼ NW ¼ Sec 10 T 17N N/S R 25 E
PERMIT/WAIVER No. 17-193-05
Issued by Water Resources Parcel No.

Latitude 39.35670*N
Longitude 119.16953*W
UTM E
N
☐ NAD 27
☒ 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	Thickness
OVER BURDEN		0	3	3
COURSE BG SANDS		3	46	43
BROWN CLAY		46	82	36
GRAY CLAY		82	110	28
GRAY SILTY SANDS		110	135	25
GUMMY GRAY CLAY		135	152	17
GD SANDS BLACK/WHITE	XXX	152	180	28

RECEIVED 2011 MAR 31 AM 11:50 STATE ENGINEER

Date started: 08-Mar, 20 11
Date completed: 11-Mar, 20 11

9. WELL CONSTRUCTION
Depth Drilled 180 Feet Depth Cased 180 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
12 1/4	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	20
6 5/8	4.26	.216	20	180
SDR21				

Perforations:
Type of perforation SAW CUT
Size of perforation 3 X 3/32
From 140 feet to 180 feet
From feet to 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 180 ☐ Pumped ☐ Poured
Type: PEAT GRAVEL
Bentonite Chips: ☐ Yes ☒ No to ☐ Pumped ☐ Poured
Type:

7. Water Level
Static water level: 54 feet below land surface
Artesian Flow: G.P.M. P.S.I.
Water Temperature: COLD °F
Quality: GOOD- SULFUR SMELL

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

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
30+	25	3 HRS

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 Michael Hlaek
By driller performing actual drilling on site or contractor
Date 03/12/2011

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY

39.356833°N
119.168797°W
NAD 27 TA