

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

OFFICE USE ONLY
Log No. 116607
Permit No. _____
Basin 103

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. 67786

1. OWNER RICHARD ELLOYAN
MAILING ADDRESS 320 OPHIR RD
DAYTON, NV 89403

ADDRESS AT WELL LOCATION 320 OPHIR RD
DAYTON, NV 89403
Subdivision Name: _____ County: Lyon

2. LOCATION SE 1/4 SW 1/4 Sec 4 T 16N N/S R 22 E
PERMIT/WAIVER No. SE 19-136-06
Issued by Water Resources Parcel No. _____

Latitude 39.27602°N UTM E NAD 27
Longitude 119.51237°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
OLD WELL 8 5/8		0	140	140
BROWN CLAY		140	159	19
DG SANDS		159	186	27
BROWN SILTY SANDS		186	201	15
DG SANDS	XX	201	240	39

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9. WELL CONSTRUCTION

Depth Drilled 240 ~~100~~ Feet Depth Cased 240 ~~100~~ Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
7 7/8	140	240		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	4.26	.216	120	240
SDR 21				

Perforations:

Type of perforation FACTORY SLOT
Size of perforation 3 X 3/32

From 200 feet to 240 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: _____ PEAT GRAVEL
Bentonite Chips: Yes No to _____ Pumped Poured
Type: _____

Date started: 13-Jun, 20 12
Date completed: 15-Jun, 20 15

7. Water Level
Static water level: 80 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: GOOD

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
25+	47	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 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 Black
By driller performing actual drilling on-site or contractor
Date 06/19/2012

USE ADDITIONAL SHEETS IF NECESSARY

39.276106°N
119.511365°W NAD27