

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

OFFICE USE ONLY  
Log No. 120641  
Permit No. \_\_\_\_\_  
Basin No. 107

PRINT OR TYPE IN BLACK INK 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. 72358  
WELL NAME (if applicable): \_\_\_\_\_

1. OWNER/CLIENT NAME STEVE FULSTONE  
MAILING ADDRESS 31 RIVERS RD  
SMITH NV 89430

DETAILED ADDRESS AT WELL LOCATION 2485 HWY 208  
SMITH, NV 89430  
Subdivision Name: \_\_\_\_\_ County: Lyon

2. PLS LOCATION SE 1/4 NW 1/4 31 Sec 11 N/S 24 E  
PERMIT/WAIVER NO. 010-591-02  
Issued by Water Resources Current Parcel No.

Latitude 38.776612\*N UTM E  NAD 27  
Longitude 119.34222\*W UTM N  NAD 83/WGS 84

3. WORKED PERFORMED  
 New Well  Deepen: Orig WL# \_\_\_\_\_  
 Replacement: Original well log # \_\_\_\_\_  
 Recondition: Original well log # \_\_\_\_\_

4. PROPOSED USE  
 Domestic  Irrigation  Monitor  
 Mining / Dewater  Corn / Ind  Stock  
 Test / Other  Mun / QM  Rec

5. WELL TYPE  
 Auger  Rotary  RVC  
 Air  Mud  Sonic  
 Other

6. LITHOLOGIC LOG				
Material Encountered	Lost Circ.	Water Strata	From	To
OLD 8 5/8 WELL			0	150
COURSE DG SANDS			150	155
HARD VOLCANIC SEAM			155	180
DG SANDS AND GRAVELS			180	210
BROWN CLAY			210	233
FRACTURED DG SANDS AND GRAVELS	XXX		233	300

9. INSTRUCTION  
Depth Drilled: 150' Feet Depth Cased: 150' Feet

HOLE DIAMETER (BIT SIZE)			
	From	To	
	<u>7 7/8</u> Inches	<u>150</u> Feet	<u>300</u> Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/FT. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>4.26</u>	<u>.216</u>	<u>120</u>	<u>300</u>
<u>SDR 21</u>				

ANNULAR MATERIALS

Sanitary Seal  Yes  No

<input type="checkbox"/> Neat Cement	<u>n/a</u>	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout		to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout		to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Chips		to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Gravel Pack [ > 0.2 in. ]	<u>n/a</u>	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [ < 0.2 in. ]		to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain:		to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Date started: 2-Sep , 20 14  
Date completed: 5-Sep , 20 14

7. WATER QUALITIES  
Static water level: 140 Feet below land surface  
Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: COLD ° Fahrenheit  
Water Quality: GOOD

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>25</u>	<u>30</u>	<u>3 HRS</u>

PERFORATIONS:  
Type of perforation: FACTORY MILL SLOT  
Size of perforation: 0.032  
From 260 Feet To 300 Feet  
From \_\_\_\_\_ Feet To \_\_\_\_\_ Feet  
From \_\_\_\_\_ Feet To \_\_\_\_\_ Feet  
From \_\_\_\_\_ Feet To \_\_\_\_\_ Feet

10. DRILLER'S CERTIFICATION  
This well was drilled under my supervision. This report is true to the best of my knowledge.  
Name CAPITAL CITY WELL DRILLING AND PUMP SERVICE INC.  
Contractor  
Address 20 KIT KAT DRIVE CARSON CITY, NV 89706  
Contractor  
Nevada contractor's license number as issued by the State Contractor's Board: 0055548  
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 1905  
Signed: Michael J. Hack  
by driller performing actual drilling on site or contractor  
Date: 9/11/2014