

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

OFFICE USE ONLY
Log No. 122859
Permit No. _____
Basin No. 103

**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. 73128
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME DORTHY GAGNAN
MAILING ADDRESS 607 LAFOND AVE
SW GAYTON, NV 89403

DETAILED ADDRESS AT WELL LOCATION 607 LAFOND AVE
DAYTON, NV 897403

2. PLS LOCATION NE 1/4 NE 1/4 28 Sec 17 N/S 22 E
PERMIT/WAIVER NO. DON 15-52 019-271-07
Issued by Water Resources Current Parcel No.

Subdivision Name: _____ County: Carson City
Latitude 39.311565°N UTM E NAD 27
Longitude 119.517043°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 Com / 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	120
COURSE OBSIDIAN GRAVELS			120	146
BROWN CLAY			146	175
COURSE OBSIDIAN SANDS				
GRAVELS FRACTURES		XXX	175	220
<i>Hand 27 39.311651°N 119.516032°W</i>				
<i>Deepen with mud log</i>				

9. INSTRUCTION

Depth Drilled: 100 Feet Depth Cased: 100 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
<u>7 7/8</u>	<u>120</u>	<u>220</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/5</u>	<u>4.26</u>	<u>2.16</u>	<u>100</u>	<u>220</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 checked="" 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

PERFORATIONS:

Type of perforation: FACTORY MILL SLOT
Size of perforation: 0.032

From <u>180</u>	Feet	To <u>220</u>	Feet
From _____	Feet	To _____	Feet
From _____	Feet	To _____	Feet
From _____	Feet	To _____	Feet

Date started: 14-Aug , 20 15
Date completed: 15-Aug , 20 15

7. WATER QUALITIES
Static water level: 45 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 47° ° Fahrenheit
Water Quality: GOOD

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: _____
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): _____

Signed: [Signature]
By driller performing actual drilling on site or contractor

Date: 8/17/2015

8. WELL TEST DATA

Test Method:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.	<u>20</u>	<u>30</u>	<u>3 HRS</u>
Draw Down (Feet Below Static)			
Recorded Time (Hours)			

RECEIVED
2015 AUG 19 AM 11:20
STATE ENGINEERS OF NEVADA
05555