

COPIES TO  
 - DIVISION OF WATER RESOURCES  
 - CLIENT'S COPY  
 - WELL DRILLER'S COPY

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

OFFICE USE ONLY  
 Log No. 93649  
 Permit No. \_\_\_\_\_  
 Basin 103  
 NOTICE OF INTENT NO. 49763

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER **SCOTT SNELLING CONSTRUCTION** ADDRESS AT WELL LOCATION **22 BALDWIN LN**  
 MAILING ADDRESS **318 SYDNEY LANE** **CARSON CITY, NV 89706**  
**DAYTON, NV 89443**

2. LOCATION **SE 1/4 SE 1/4 Sec 29 T 16 N R 21 E** **LYON County**  
 PERMIT NO. **16-212-07**

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock  
 5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SOFT POWER CLAY		0	3	3
BROWN CLAY		3	19	16
DG SANDS		19	87	68
FRACTURED GRANITE		87	135	48
MEDIUM GRANITE		135	176	41
HARD FRACTURED GRANITE		176	205	29

RECEIVED  
 04 AUG -5 AM 11:52  
 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION  
 Depth Drilled **205** Feet Depth Cased **205** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **10 3/4** Inches To **0** Feet **205** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
sdr21 6 5/8	4.06	.216	15	205
6 5/8	13.03	.188	+2	15

Perforations:  
 Type perforation **SAW CUT**  
 Size perforation **3 X 3/32**  
 From **185** feet to **205** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **50**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **50** feet to **205** feet

9. WATER LEVEL  
 Static water level **60** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. **20** P.S.I.  
 Water temperature **COLD** °F Quality **GOOD**

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Date started **7/12, 20 04**  
 Date completed **7/13, 20 04**

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Draw Down (Feet Below Static)			
Time (Hours)			
<b>20</b>		<b>65</b>	<b>3 HRS</b>

Name **CAPITAL CITY WELL DRILLING**  
 (CONTRACTOR)  
 Address **20 KIT KAT DRIVE**  
 (CONTRACTOR)  
**CARSON CITY, NV 89706**  
 Nevada contractor's license number issued by the State Contractor's Board **0055548 41775**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2157**  
 Signed *Keith Crane*  
 By driller performing actual drilling on site or contractor  
 Date **7/20/04**