

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



OFFICE USE ONLY

Log No. 105538
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. 61018

1. OWNER **CORNER STONE CONSTRUCTION** ADDRESS AT WELL LOCATION **7980 BEECH ST**
MAILING ADDRESS **3140 E. NYE LANE** **SILVER SPRINGS, NV**
CARSON CITY, NV 89706 Subdivision Name: _____ County: **Lyon**

2. LOCATION SW 1/4 NW 1/4 Sec 13 T 17N N/S R 24 E Latitude **39.33362°N** UTM E NAD 27
PERMIT/WAIVER No. SF SW **17-562-10** Longitude **119.24518°W** N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

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
OVERBURDEN		0	3	3
COBBLES AND SMALL GRAVELS		3	45	42
VOLCANIC GRAVELS		45	163	118
BROWN GARD CLAY		163	194	31
VOLCANIC CLAY		194	216	22
FRACTURED VOLCANIC GRAVELS		216	300	84
VARY HARD VOLCANIC GRAVELS FRACTURED	XXX	300	360	60

N 39.333721
W 119.244192 NAD27

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
360'		360'	

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
10 5/8 Inches	0	200	Feet
8 3/4 Inches	200	360	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	0	360

Perforations:

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

From **300** feet to **320** feet
From **340** feet to **360** feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout **0** to **55** Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No **55** to **360** Pumped Poured
Type: _____
Bentonite Chips: Yes No to _____ Pumped Poured
Type: _____

Date started: **10-Jan**, 20 **08**
Date completed: **18-Jan**, 20 **08**

7. Water Level
Static water level: **220** feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **COLD** °F
Quality: **GOOD**

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	15+	45	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 Haack*
By driller performing actual drilling on site or contractor
Date **01/24/2008**