

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

OFFICE USE ONLY
Log No. 111435
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. 64720

1. OWNER NANCY HARRISON ADDRESS AT WELL LOCATION #3 SANDYFER Lane
MAILING ADDRESS 6641 US HWY 50 E DAYTON, NV 89403
NW CARSON CITY, NV 89706 Subdivision Name: _____ County: Lyon

2. LOCATION NE 1/4 NE 1/4 Sec 5 T 16N N/S R 22 E Latitude 39.28505°N UTM E NAD 27
PERMIT/WAIVER No. 16-311-53 Longitude 119.53244°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 Stock Monitor

5. WELL TYPE
 Cable Rotary RVC
 Air Other MUD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
OVER BURDEN		0	3	3
COURSE SANDS		3	9	6
OBSIDIAN SANDS AND GRAVELS		9	65	56
SMALL GRAVELS AND COBBLES		65	97	32
SMALL GRAVELS		97	120	23
BROWN SILTY CLAYS		120	143	23
FRACTURED GRAVELLS	XXX	143	170	27

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39.285136°N NAD 83
119.531424°W

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
170		170	

HOLE DIAMETER (BIT SIZE)

From	To
10 5/8 Inches	0 Feet to 170 Feet
Inches	Feet
Inches	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/FL (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	+2	170

Perforations:

FACTORY MILL SLOT

Type of perforation	Size of perforation	From	To
	3 3/32	150 feet	170 feet
		feet	feet
		feet	feet
		feet	feet
		feet	feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured

Cement Grout 0 to 100 Pumped Poured

Concrete Grout to _____ Pumped Poured

≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 100 to 170 Pumped Poured

Type: PEAT GRAVEL

Bentonite Chips: Yes No to _____ Pumped Poured

Type: _____

Date started: 19-Apr 20 10
Date completed: 22-Apr 20 10

7. Water Level
Static water level: 35 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"/> Baller <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	25	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 [Signature]
By driller performing actual drilling on site or contractor

Date 04/27/2010

USE ADDITIONAL SHEETS IF NECESSARY

M.M.H. (P)