

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

OFFICE USE ONLY
Log No. 115 462
Permit No. _____
Basin 076

**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. 67788

1. OWNER DOUG BROOK & Robin
MAILING ADDRESS 1185 TRUCKEE LANE
FERNLEY, NV

ADDRESS AT WELL LOCATION 1185 TRUCKEE LANE
FERNLEY, NV
Subdivision Name: _____ County: Lyon

2. LOCATION NW 1/4 NE 1/4 Sec 15 T 20N N/S R 34E
PERMIT/WAIVER No. 020-262-01
Issued by Water Resources Parcel No.

Latitude 39.60733°N UTM E NAD 27
Longitude 119.27375°W NAD 83/WGS 84

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
BOULDERS AND COBBLES		0	27	27
VOLCANIC GRAVELS		27	93	66
VOLCANIC CLAYS AND GRAVELS		93	108	15
FRACTURED VOLCANIC GRAVELS	X	108	136	28
HARD VOLCANIC GRAVELS FRACTURED	XX	136	170	34

9. WELL CONSTRUCTION

Depth Drilled	170	Feet	Depth Cased	170	Feet
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HOLE DIAMETER (BIT SIZE)

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	+1	10
6 5/8	4.26	.216	10	170
SDR 21				

Perforations:
Type of perforation SAW CUT
Size of perforation 3 X 3/32
From 130 feet to 170 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: 09-Jul, 20 12
Date completed: 12-Jul, 20 12

7. Water Level
Static water level: 45 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 checked="" type="checkbox"/> Air Lift	<u>15</u>	<u>45</u>	<u>3 HRS</u>

Original well log unknown

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 Black
By driller performing actual drilling on site or contractor
Date 07/16/2012

39.607417°N NAD 27
119.272747°W

USE ADDITIONAL SHEETS IF NECESSARY

RECEIVED
202 AUG -7 AM 10:35
STATE ENGINEERS OFFICE