

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

OFFICE USE ONLY
Log No. 116610
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. 67809

1. OWNER ANGELA HARTZLER - HARTZLER
MAILING ADDRESS 122280 SHAWNEE RD
STAGECOACH, NV 89429

ADDRESS AT WELL LOCATION 12280 SHAWNEE RD
STAGECOACH, NV 89429
Subdivision Name: RD1 MOUNTAIN RANCH County: Lyon

2. LOCATION NW 1/4 NE 1/4 Sec 7 T 17N N/S R 223 E
PERMIT/WAIVER No. 015-321-01
issued by Water Resources Parcel No. _____

Latitude 39.35765°N UTM E NAD 27
Longitude 119.44069°W N 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
OLD 6 5/8 WELL		0	300	300
HARD FRACTURED GRANITE		300	310	10
SOFT FRACTURE ZONE	XX	310	360	50
* Deepens well log # <u>98438</u>				

9. WELL CONSTRUCTION

Depth Drilled	60	Feet	Depth Cased	160	Feet
HOLE DIAMETER (BIT SIZE)					
	From		To		
	6 1/8	Inches	300	Feet	360
				Feet	Feet
				Feet	Feet
CASING SCHEDULE					
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)	
5	3.56	.216	200	160	
SDR 21					

Perforations:
Type of perforation FACTORY SAW CUT
Size of perforation .032
From 320 feet to 360 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement N/A to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No N/A to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No N/A to _____ Pumped Poured
Type: _____

Date started: 14-Aug , 20 12
Date completed: 16-Aug , 20 12

7. Water Level
Static water level: 140 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: GOOD

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	18	100	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 Hack
By driller performing actual drilling on-site or contractor
Date 08/16/2012

RECEIVED
2012 AUG 17 AM 10:04
STATE ENGINEERS OFFICE

39.357735 °N
119.439686 °W NAD27

USE ADDITIONAL SHEETS IF NECESSARY

Rev. 05-00