

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

OFFICE USE ONLY
Log No. 116646
Permit No. _____
Basin 108

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. 69836

1. OWNER JASON BAKER
MAILING ADDRESS #4 THURSTON WAY
YERINGTON, NV 89448

ADDRESS AT WELL LOCATION #4 THURSTON WAY
YERINGTON, NV 89448
Subdivision Name: _____ County: Lyon

2. LOCATION SW 1/4 NW 1/4 Sec 9 T 13N N/S R 26 E
PERMIT/WAIVER No. 14-601-39
Issued by Water Resources Parcel No.

Latitude 39.005883°N UTM E NAD 27
Longitude 119.08525°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 MUD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
OVERBURDEN		0	3	3
BROWN SILTY SANDS		3	63	60
BROW CLAY		63	110	47
COURSE DG SANDS		110	134	24
BRAY CLAY		134	146	12
COURSE DG GRAVELS	XXX	146	180	34
*Changed by DWR staff per phone call				
NAD 27 39.005964°N 119.084265°W				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>160</u>		<u>180</u>	

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
<u>12 3/4</u> Inches	<u>0</u> Feet	<u>180</u> Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.03</u>	<u>.188</u>	<u>2</u>	<u>20</u>
<u>6 5/8</u>	<u>4.26</u>	<u>.216</u>	<u>20</u>	<u>180</u>
SDR 21				

Perforations:
Type of perforation FACTORY MILL SLOT
Size of perforation .032
From 160 feet to 180 feet
From _____ feet to _____ 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 180 Pumped Poured
Type: PEAT GRAVEL

Bentonite Chips: Yes No to _____ Pumped Poured
Type: _____

Date started: 21-Apr 20 13
Date completed: 23-Apr 20 13

7. Water Level
Static water level: 65 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"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>25</u>	<u>38</u>	<u>3 HRS</u>

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 H. Beck
By driller performing actual drilling on site or contractor
Date 05/24/2013