

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

OFFICE USE ONLY
Log No. 116628
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. 69837

1. OWNER NICK COOREY
MAILING ADDRESS P.O. BOX 2147
DAYTON, NV 89403

ADDRESS AT WELL LOCATION 360 BULLION RD
DAYTON, NV 89403
Subdivision Name: _____ County: Lyon

2. LOCATION NE 1/4 SE 1/4 Sec 4 T 16N N/S R 22 E
PERMIT/WAIVER No. DOM-13-20 | 019-133-05
Issued by Water Resources Parcel No.

Latitude 39.279457°N UTM E NAD 27
Longitude 119.509717°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
OVER BURDEN		0	3	3
COURSE DG SANDS		3	45	42
BROWN SILTY SANDS		45	90	45
SMALL GRAVELS		90	115	25
BROWN CLAY SEAM		115	128	13
SILTY SANDS	X	128	156	28
BROWN GUMMY CLAY		156	189	33
3/8 GRAVELS AND GD SANDS	XXX			
<i>NAD 27 39.279457°N 119.509717°W</i>				

9. WELL CONSTRUCTION				
Depth Drilled	220	Feet	Depth Cased	220
HOLE DIAMETER (BIT SIZE)				
	From		To	
12 1/4	Inches	0	Feet	220
	Inches		Feet	
	Inches		Feet	

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	+2	20
6 5/8	4.26	.216	20	220
SDR 21				

Perforations:
Type of perforation MILL SAW CUT
Size of perforation .032
From 180 feet to 220 feet
From _____ feet to _____ 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 220 Pumped Poured
Type: PEAT GRAVEL
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

7. **Water Level**
Static water level: 70 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: GOOD

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 J. Mack
By driller performing actual drilling on site or contractor
Date 05/02/2013

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>65</u>	<u>3 HRS</u>