

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

OFFICE USE ONLY
Log No. 116629
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. 69838

1. OWNER DOYLE HESS
MAILING ADDRESS P.O. BOX 2710
WEST WENDOVER, NV 89883

ADDRESS AT WELL LOCATION 530 SAGE ST
FERNLEY, NV
Subdivision Name: _____ County: Lyon

2. LOCATION NE ¼ NW ¼ Sec 23 T 20N N/S R 24 E
PERMIT/WAIVER No. DOM13-19 Parcel No. 020-272-09
Issued by Water Resources

Latitude 39.589916°N UTM E NAD 27
Longitude 119.25855°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
OLD 6 5/8 WELL		0	80	80
COURSE DG SANDS		80	102	22
BROWN CLAY		102	142	40
COURSE GRAVELS AND SANDS	XXX	142	180	38
<p><i>NAD 23</i> <i>39.596005° N</i> <i>119.257584° W</i></p> <p><i>Possibly Deepens well log unknown</i></p>				

9. WELL CONSTRUCTION					
Depth Drilled	100	Feet	Depth Cased	100	Feet
HOLE DIAMETER (BIT SIZE)					
	From		To		
	6 1/8	Inches	80	Feet	180
		Inches		Feet	Feet
		Inches		Feet	Feet
CASING SCHEDULE					
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)	
5	4.26	.216	60	180	
SDR 21					

Perforations:
Type of perforation FACTORY SLOT
Size of perforation .032
From 160 feet to 180 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: 03-May, 20 13
Date completed: 04-May, 20 13

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"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>25</u>	<u>30</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 Black
By driller performing actual drilling on site or contractor
Date 05/06/2013